



Do you have grandchildren?  Yes  No.

If Yes, Number of grandchildren: \_\_\_\_\_ Range of Ages: \_\_\_\_\_

**YES**      **NO**

Do you have any deceased children?

If yes, name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, were those children survived by anyone?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any person other than your spouse / children you would like to provide for in your estate plan?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any person you would like to disinherit?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Do any of your beneficiaries have a learning disability, special educational, medical or physical needs?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have any relatives (other than minor children) who depend on you for all or part of their support?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you think any of your beneficiaries have special problems with spouses, drugs, alcohol or handling money?

If yes, name(s): \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you wish to disinherit any of your children, grandchildren or any other close relative?

- If a named beneficiary dies before you, do you want the assets to go to that beneficiary's heirs?

- Do you want assets passing to your beneficiaries to be held in trust until a specific age or ages?

If yes, Age: \_\_\_\_\_

- Do you expect to inherit substantial assets (\$100,000 +)?

If yes, What: \_\_\_\_\_

- Do you have an existing Will?

- Have you ever executed a trust (either revocable or irrevocable)?





## END-OF-LIFE DECISIONS

**Initial the statement which best states your desires:**

(a) Choice Not to Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

\_\_\_\_\_

(b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

\_\_\_\_\_

YES   NO

\_\_\_\_   \_\_\_\_   Should your health care agent have the authority to make a disposition of a part or parts of your body (i.e., make any anatomical gifts)?

\_\_\_\_   \_\_\_\_   Should your agent have the authority to authorize an autopsy even if an autopsy is not required by law?

\_\_\_\_   \_\_\_\_   Do you wish to designate a primary physician?

## BURIAL WISHES

At my death, I wish to be:       cremated       buried.

If cremation, I would like my ashes disposed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If buried, I would like my remains interred as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have already made arrangements at:

\_\_\_\_\_  
\_\_\_\_\_

## ESTIMATED VALUE OF ESTATE

*Use best guess; this can be a "ballpark" estimate.*

<b><u>TYPE OF ASSET:</u></b>	<b><u>ESTIMATED VALUE</u></b>
• REAL ESTATE: (fair market value, <u>less</u> loans)	\$ _____
• SECURITIES: (stocks, bonds, mutual funds)	\$ _____
• CASH TYPE ASSETS: (cash, annuities, notes due you)	\$ _____
• BUSINESS INTERESTS: (sole proprietorship, partnerships, closely held corporation, etc.)	\$ _____
• RETIREMENT PLANS: (IRA, 401k, etc.**)	\$ _____
• VEHICLES: (autos, R.V., boat)	\$ _____
• PERSONAL PROPERTY: (jewelry, furniture, antiques)	\$ _____
<b>TOTAL:</b>	\$ _____

\*\* Do not show benefits which will terminate at death (e.g., pension, social security, etc.).

## LIFE INSURANCE

(do not include accidental death policies)

*"Cash Value" use best estimate (term policies normally have no cash value).*

*"Face Value" is the amount payable at death.*

<b><u>COMPANY</u></b>	<b><u>CASH VALUE</u></b>	<b><u>FACE VALUE</u></b>	<b><u>BENEFICIARY</u></b>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____