

SECTION 3: FINANCIAL INFORMATION

(attach separate sheet if necessary)

Attach copies of grant deeds and property tax statements for each piece of real property.

Address	Approx. value	Approx. mortgage

2. Bank Accounts: (give approximate balance and indicate whether checking, savings, money market, or CD's):

3. Stocks & Bonds: (name of security, purchase price, current value)

4. IRA's, profit sharing, pension plans, Deferred Comp.: (description/location and current value)

5. Life insurance: (name of company and death benefit)

6. Promissory notes/trust deeds (owed to you): (**Attach copies**)
(list property address for deeds of trust)

7. Items of special value (coin collections, antiques, jewelry, etc.):

8. Are you expecting to receive additional property or money? (circle all that apply)
gift inheritance lawsuit other

If so, approximately how much?

SECTION 4: TRUST STRUCTURE

1. Trustee: Manages your trust now; usually you (and your spouse).

2. Back-up Trustee #1: Steps in at your disability or death.

Name	Address	Telephone
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3. Back-up Trustee #2

Name	Address	Telephone
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4. Guardians for minor children: Responsible adult who will raise your minor children if something happens to you.

#1 Choice:

Name	Address	Telephone
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#2 Choice:

Name	Address	Telephone
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SECTION 5: SPECIFIC GIFTS AND BENEFICIARIES

1. List any gifts (cash or a specific item) you would like to make to a charity, foundation, religious, or fraternal organization:

Name of organization	Address	Gift
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2. List gifts of any specific items you want to give to someone (for example, gun collection to your son or a specific sum of \$\$).

Name of person	Description of gift
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3. Beneficiaries: Who do you want to receive the rest of your estate after the gifts have been distributed?

Name of person/organization	Percentage of estate
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4. Alternate beneficiaries: If a beneficiary predeceases you, to whom do you want their share to go?

Standard (to decedent's living issue) _____ To the surviving named beneficiaries _____ Other _____

If other, please specify:

5. Age at which you want your primary or alternate beneficiaries to receive their inheritance?

6. List any children that you would like to specifically omit as beneficiaries:

Name

SECTION 6: SPECIAL INSTRUCTIONS FOR DURABLE POWERS OF ATTORNEY

1. Who do you want to make financial decisions for you if you are incapacitated?

Spouse _____ or Person other than spouse (name): _____

Husband's Alternate: _____

Wife's Alternate: _____

2. Who do you want to make health care decisions for you if you are incapacitated?

Spouse _____ or Person other than spouse (name): _____

Husband's Alternate: _____

Wife's Alternate: _____

3. Do you want artificial life support if there is no reasonable hope of recovery?

___ Yes ___ No ___ Other (please specify)

4. Do you wish to be an organ donor? ___ Yes ___ No

5. Wishes regarding your remains: _____burial _____cremation _____ let executor make decision.