



- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

(For additional space please use the back of this sheet)

If you have **MINOR CHILDREN:**

a. Whom do you wish to nominate as the **GUARDIAN(S)** and **SUCCESSOR GUARDIAN(S)** for your minor children? Please include full names and relationship if any.

**GUARDIAN:** \_\_\_\_\_

**SUCCESSOR GUARDIAN:** \_\_\_\_\_

b. Do you want a trust created at the death of both parents to hold funds for the benefit of your children until they reach a mature age? \_\_\_\_ Yes \_\_\_\_ No

c. At what ages do you wish the trust assets to be distributed to the children outright.

\_\_\_\_\_ (1/4) one-quarter at 25, (1/4) one-quarter at 30 and balance at 35.

\_\_\_\_\_ Other \_\_\_\_\_

**Who shall serve as Trustee for the Children's Trust?** \_\_\_\_\_

**LAST WILL & TESTAMENT:** Whom do you wish to serve as the **EXECUTOR/PERSONAL REPRESENTATIVE** and **SUCCESSOR EXECUTOR(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Executors.

**EXECUTOR:** \_\_\_\_\_

**SUCCESSOR EXECUTOR(S):** \_\_\_\_\_

**REVOCABLE LIVING TRUST:** Other than yourself, whom do you wish to serve as **TRUSTEE** and **SUCCESSOR TRUSTEE(S)** of the Trust? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Trustees.

**TRUSTEE:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR TRUSTEE(S):** \_\_\_\_\_

**DURABLE GENERAL FINANCIAL POWER OF ATTORNEY:** If you become unable to manage your **FINANCIAL** matters, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

**AGENT:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR AGENT(S):** \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY AND ADVANCE MEDICAL DIRECTIVE.** In the event that you are unable to make **MEDICAL** decisions for yourself, whom do you wish to appoint as your **AGENT** and **SUCCESSOR AGENT(S)**? Please include their full names and relationship if any, and please indicate whether they shall act successively or as Co-Agents.

**AGENT:** \_\_\_\_\_

\_\_\_\_\_  
**SUCCESSOR AGENT(S):** \_\_\_\_\_

**NAME/SOURCE OF REFERRAL:** \_\_\_\_\_

**NAME OF ACCOUNTANT/CPA:** \_\_\_\_\_

**NAME OF FINANCIAL PLANNER:** \_\_\_\_\_

**DO YOU HAVE LONG TERM CARE INSURANCE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**This information is true and accurate to be best of my knowledge and belief.**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE INDICATE APPROXIMATE VALUE OF EACH ITEM**

	<b>JOINT TITLE</b>	<b>INDIVIDUAL TITLE (1)</b>	<b>INDIVIDUAL TITLE (2)</b>
Home Residence			
Other Real Estate			
Other Real Estate			
Savings Account			
Checking Account			
Money Market Funds			
Cert. of Deposit			
Stock			
Mutual Funds			
Bonds			
Bond Funds			
Other Marketable Securities			
Business Assets			
Sub S-Corps.			
Closely Held Business			
Partnership Interests			
Notes Receivable			
Annuities			
Life insurance – Death Benefits (indicate whether term or whole life)			
IRA's			
Pension Plans			
Interests in Trusts			
Anticipated Gifts/Inheritances			
Vehicles			
Other Assets			
<b>Total Assets</b>			
Home Mortgage			
Other Mortgage			
Personal Debt			
Auto Loans			
Other Debt			
<b>Total Liabilities</b>			
<b>Net Worth</b>			

**Please check the appropriate statement:**

- a.  To the best of our knowledge, **our total assets, including life insurance, do not presently exceed \$5,000,000** nor are our total assets likely to exceed \$5,000,000 in the near future.
- b.  As of the date above **our total assets exceed \$5,000,000.**

**ALL INFORMATION SUPPLIED IN THIS QUESTIONNAIRE  
SHALL BE TREATED AS STRICTLY CONFIDENTIAL**