

Living Trust/Asset Protection Trust (if applicable)

What is the purpose of establishing a trust? _____

Will the trust be: REVOCABLE IRREVOCABLE

What will be the name of the trust? _____

Will the trust be put into place now or at some time in the future? If in the future, what event would trigger the trust being put into place? _____

Name of trustee _____

Address of trustee _____

If Asset Protection Trust, SSN of Trustee _____

Name of 2nd trustee _____

Address of 2nd trustee _____

Beneficiaries of trust (list all names and relationship) _____

Property to be included in trust (be as detailed as possible) _____

Terms for distribution of trust property to beneficiaries _____

Are there any special circumstances which need to be considered in your trust planning?

POWER OF ATTORNEY

Who would you have serve as your Power of Attorney (including spouse)? _____

Address of Power of Attorney _____

Do you wish to name an Alternate Power of Attorney? _____

Is the Power of Attorney to be effective: (circle one)
immediately on _____ date upon incompetence

Do you have any previous Powers of Attorney? YES NO
If so, are they: (circle one) revoked superseded

HEALTH CARE REPRESENTATIVE

Who would you have serve as your Health Care Representative (including spouse)?

Who would be the alternate Health Care Representative? _____

Do you have any previous Health Care appointments? ___ YES ___ NO

If so, are they: ___ revoked ___ superseded

Do you wish to grant all of these powers to your health care representative on your behalf?
___ Yes ___ No (mark through those powers you wish to limit)

- ✓Life sustaining measures
- ✓Access to medical records
- ✓Admission/discharge to medical facilities
- ✓Contract with health care facilities
- ✓Hire/discharge care services
- ✓Authorize medication & procedures
- ✓Authorize comfort care
- ✓Communicate with medical staff
- ✓Make funeral arrangements
- ✓Authorize machines to prolong life
- ✓Authorize assisted feedings (dementia)
- ✓Withdraw health care
- ✓Withhold health care
- ✓Discontinue health care

GUARDIAN (if needed)

Name of Guardian (if you and spouse are not living) _____

Address of Guardian _____

Phone of Guardian _____ Relationship of Guardian _____

SPECIAL CIRCUMSTANCES

Are there any special circumstances which need to be considered in your estate planning?
If so, what?
