

ESTATE PLANNING QUESTIONNAIRE

Name: _____

Spouse's Name: _____

Gender: _____

Address: _____

Telephone Number: _____

Preferred e-mail address: _____

Children's Name, date of birth, and if you desire to be a beneficiary of your estate?

Allocation of Trust assets to Primary Beneficiary(ies)? (Please list names):

When do you wish the Primary Beneficiary(ies) to receive their share (for example, immediately or when they are 25, 30 and 35 years of age (in 1/3 distributions)?

Power of Attorney (Healthcare)

Who do you wish to be able to make medical decisions on your behalf, if you are unable to do so:

Power of Attorney (Assets and financial matters)

Who do you wish to be able to make financial decisions on your behalf, if you are unable to do so:
