



THE LAW OFFICES OF
MARIO A. REED
The Education Esquire

www.lawofficesofmarioareed.com



PRE-ESTATE PLANNING WORKSHEET

LOOMARTEE LAW GROUP LLC

HAVE YOU EVER WONDERED:

What will really happen to my assets when I die?

Who will care for my children?

Who will make decisions for me if I become incompetent?

THIS WORKSHEET WILL ASSIST WITH:

- Helping you organize your affairs and consider possible options
- Understanding the benefits of a Revocable Living Trust, and how it works.
- How a Trust can help protect avoid government/Medicaid liens.
- Why blended families need to PLAN THEIR ESTATES ASAP!
- What the differences between an Executor, POA and Trustee are.

THE LAW OFFICES OF MARIO A. REED THE EDUCATION ESQUIRE

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THE LOOMARTEE LAW GROUP, LLC

PRE-ESTATE PLANNING WORKSHEET



THE LAW OFFICES OF
MARIO A. REED
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THANK YOU FOR CONSIDERING WORKING WITH THE LOOMARTEE LAW GROUP, LLC, TO PREPARE YOU, AND/OR, YOUR LOVED ONE'S AFFAIRS—AS WE GREATLY APPRECIATE THE OPPORTUNITY TO WORK TOGETHER. IN ORDER TO ENSURE YOUR FULL ESTATE PLAN IS AS ACCURATE AND AS COMPREHENSIVE AS POSSIBLE, PLEASE USE THE FOREGOING FORM TO INPUT THE INFORMATION CONCERNING YOUR ASSETS, CHOSEN BENEFICIARIES/LEGATEES & CONTINGENCY BENEFICIARIES/LEGATEES, AS WELL AS PERTINENT INFORMATION CONCERNING WHOM YOU WISH TO SERVE AS YOUR EXECUTOR, POWER OF ATTORNEY, GUARDIAN AND OTHER DETAILS CONCERNING YOUR FINANCIAL ASSETS, BURIAL INSTRUCTIONS, AND MORE. IF YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS WHILE FILLING THIS FORM OUT, PLEASE DO NOT HESITATE TO CALL OUR OFFICES AT 708.797.3056 OR EMAIL US AT MARIOAREED@OUTLOOK.COM. WE LOOK FORWARD TO WORKING TOGETHER AND WANT TO THANK YOU IN ADVANCE FOR CHOOSING US.

FULL NAME OF THE INDIVIDUAL THIS ESTATE PLANNING WILL BE FOR:

ESTATE PLANNING PACKAGE CHOICE (IF UNSURE, LEAVE BLANK):

- DIRECT BENEFICIARY PACKAGE:** (INCLUDES DESIGNATING BENEFICIARIES FOR REAL PROPERTY, VEHICLES, FINANCIAL ACCOUNTS AS WELL AS PREPARING LAST WILL & TESTAMENT, DURABLE POWER OF ATTORNEY & CREATING ROAD MAP FOR BENEFICIARIES); OR
- REVOCABLE LIVING TRUST PACKAGE:** (INCLUDES PREPARATION OF THE REVOCABLE LIVING TRUST AGREEMENT, AS WELL AS PREPARING THE DEED IN TRUST TO CONVEY THE REAL PROPERTY INTO THE TRUST, ALONG WITH THE CERTIFICATION OF TRUST & REGISTRATION OF THE TRUST WITH THE INTERNAL REVENUE SERVICE, IN ADDITION TO DESIGNATING BENEFICIARIES FOR THE VEHICLE(S), PREPARING LAST WILL & TESTAMENT, DURABLE POWER OF ATTORNEY & CREATING ROAD MAP FOR BENEFICIARIES)

ADDRESS(ES) OF THE REAL PROPERTY TO BE ASSIGNED(BEQUEATHED):

1. _____
2. _____
3. _____
4. _____

IF GOING WITH A TRUST, WHO DO YOU WANT TO HANDLE THE AFFAIRS CONCERNING THE PROPERTY (REAL AND/OR PERSONAL) AFTER YOU PASS AWAY, OR, ARE NO LONGER ABLE TO TAKE CARE OF THEM YOURSELF:

SUCCESSOR TRUSTEE A:

CO-SUCCESSOR TRUSTEE B:

NAME:

ADDRESS:

IF SOMETHING HAPPENS TO THE FIRST CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN TAKE OVER THE AFFAIRS (REMEMBER, YOU DON'T HAVE TO CHOOSE TWO, IT CAN BE ONE PERSON AS EACH ROLE FOR SUCCESSOR TRUSTEE AND/OR THE BELOW CONTINGENCY SUCCESSOR/SUCCESSOR TO THE SUCCESSOR TRUSTEE, BUT NEEDS TO BE SOMEONE YOU TRUST COMPLETELY).

**CONTINGENCY/SUCCESSOR TO
THE SUCCESSOR TRUSTEE A:**

**CO-CONTINGENCY/SUCCESSOR TO
THE CO-SUCCESSOR TRUSTEE B:**

NAME:

ADDRESS:

WHO DO YOU WANT TO REAP THE BENEFITS OF THIS TRUST? THIS IS THE PERSON, OR PEOPLE, WHO WOULD RECEIVE THE FUNDS IF THE PROPERTY WAS SOLD, OR, WOULD BE PAID OUT MONTHLY, QUARTERLY OR ANNUALLY FOR ANY PROCEEDS WHICH GO TO THE TRUST, SUCH AS THE PROCEEDS FROM THE SALE OF REAL PROPERTY, OR A LIFE INSURANCE POLICY, OR OTHER FINANCIAL ASSETS AND INSTRUMENTS YOU ASSIGN TO TRANSFER INTO THIS TRUST:

BENEFICIARY A:

BENEFICIARY B:

NAME:

ADDRESS:

% TO RECEIVE:

BENEFICIARY C:

BENEFICIARY D:

NAME:

ADDRESS:

% TO RECEIVE:

BENEFICIARIES CONTINUED ON THE NEXT PAGE:

BENEFICIARY E:

BENEFICIARY F:

NAME: _____

ADDRESS: _____

% TO RECEIVE: _____

BENEFICIARY G:

BENEFICIARY H:

NAME: _____

ADDRESS: _____

% TO RECEIVE: _____

IF SOMETHING HAPPENS TO THE FIRST CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN REAP THE BENEFITS OF THE TRUST, AND IF YOU ONLY WANT THEM TO BENEFIT AFTER A SPECIFIC PRIMARY BENEFICIARY DIES, PLEASE SPECIFY WHOM THE CONTINGENCY BENEFICIARY(IES) IS/ARE THE CONTINGENCY FOR (EXAMPLE, IF MARIO A. REED DIES, THEN HIS 25% TO HIS DAUGHTER, ARIELLE CARTER-REED, ETC., OR, IF MARIO A. REED DIES, THEN HIS 25% TO HIS SIBLING, MARK, ETC.).

CONTINGENCY BENEFICIARY A:

CONTINGENCY BENEFICIARY B:

NAME: _____

ADDRESS: _____

% TO RECEIVE: _____

CONTINGENCY BENEFICIARY C:

CONTINGENCY BENEFICIARY D:

NAME: _____

ADDRESS: _____

% TO RECEIVE: _____

CONTINGENCY BENEFICIARY E:

CONTINGENCY BENEFICIARY F:

NAME: _____

ADDRESS: _____

% TO RECEIVE: _____

PLEASE LIST ANY AND ALL SPECIAL INSTRUCTIONS THAT THE TRUSTEE/CO-TRUSTEE'S MUST FOLLOW CONCERNING THE ASSETS IN, OR TO BE TRANSFERRED OT THE TRUST (MUST SELL HOME WITHIN 1-YEAR OF PASSING, MUST HOLD PROCEEDS TILL AGE 21 FOR BENEFICIARIES, ONLY BLOOD RELATIVES ARE TO BE BENEFIT, MINORS ARE TO RECEIVE BIRTHDAY GIFTS OF \$1,000 TILL AGE 25, ETC.):

IF GOING WITH THE DIRECT BENEFICIARY PACKAGE, WHO DO YOU WANT TO RECEIVE THE HOME/REAL PROPERTY UPON YOUR PASSING:

BENEFICIARY A:

BENEFICIARY B:

NAME: _____
ADDRESS: _____

% TO RECEIVE: _____

BENEFICIARY C:

BENEFICIARY D:

NAME: _____
ADDRESS: _____

% TO RECEIVE: _____

IF SOMETHING HAPPENS TO THE FIRST CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN WANT TO RECEIVE THE HOME/REAL PROPERTY,

CONTINGENCY BENEFICIARY A:

CONTINGENCY BENEFICIARY B:

NAME: _____
ADDRESS: _____

% TO RECEIVE: _____

CONTINGENCY BENEFICIARY C:

CONTINGENCY BENEFICIARY D:

NAME: _____
ADDRESS: _____

% TO RECEIVE: _____

VEHICLE BENEFICIARY DESIGNATION SECTION (WHO DO YOU WANT TO RECEIVE YOUR EXISTING VEHICLE(S) AND ANY FUTURE VEHICLE(S):

	<u>VEHICLE 1:</u>	<u>VEHICLE 2:</u>	<u>VEHICLE 3:</u>	<u>VEHICLE 4:</u>
MAKE:	_____	_____	_____	_____
MODEL:	_____	_____	_____	_____
YEAR:	_____	_____	_____	_____
VIN:	_____	_____	_____	_____
OWNER'S NAME:	_____	_____	_____	_____
DL NUMBER:	_____	_____	_____	_____

	<u>VEHICLE 1:</u>	<u>VEHICLE 2:</u>	<u>VEHICLE 3:</u>	<u>VEHICLE 4:</u>
BENEFICIARY NAME:	_____	_____	_____	_____
BENEFICIARY ADDRESS:	_____	_____	_____	_____
BENEFICIARY DL NUMBER:	_____	_____	_____	_____

IN THE EVENT THAT YOU PURCHASE OR ACQUIRE ANY ADDITIONAL VEHICLES DURING YOUR LIFETIME, WHO DO YOU WISH TO RECEIVE SAID VEHICLE(S) UPON YOUR PASSING:

LEAVE TO SAME INDIVIDUAL(S) LISTED ABOVE LEAVE TO MY EXECUTOR(S) TO DECIDE

OTHER INDIVIDUAL – PLEASE LIST: _____

IF THERE ARE ANY SPECIAL INSTRUCTIONS FOR THE VEHICLE, SUCH AS TO BE SOLD AND SPLIT AMONGST MULTIPLE BENEFICIARIES, PLEASE LIST BELOW:

FINANCIAL ASSETS DESIGNATION SECTION

PLEASE LIST ANY AND ALL FINANCIAL INSTRUMENTS AND/OR ASSETS YOU HAVE ANY OWNERSHIP IN. PLEASE BE SURE TO INCLUDE ALL BANK ACCOUNTS, LIFE INSURANCE POLICIES, STOCKS, BONDS, CD'S, IRA'S, ANNUITIES, AND ALL OTHER FINANCIAL ASSETS WHICH YOU WANT TO BE TRANSFERRED TO LOVED ONES. PLEASE NOTE, YOU MUST DESIGNATE THE BENEFICIARIES WITH THE BANKS, BROKERAGES AND VARIOUS COMPANIES DIRECTLY, AS THE INCLUSION OF THIS INFORMATION IN YOUR WILL IS FOR INFORMATIONAL PURPOSES ONLY TO BENEFICIARIES.

YOU MUST ADD BENEFICIARIES TO THE ACCOUNTS WITH THE BANK (PLEASE HAVE SSN READY)

CHECKING ACCOUNT BANK INFORMATION & DETAILS:

CHECKING ACCOUNT A BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

CHECKING ACCOUNT B BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

CHECKING ACCOUNT C BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

CHECKING ACCOUNT D BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

SAVINGS ACCOUNT BANK INFORMATION & DETAILS:

SAVINGS ACCOUNT A BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

SAVINGS ACCOUNT B BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

SAVINGS ACCOUNT C BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

SAVINGS ACCOUNT D BANK NAME: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

LIFE INSURANCE POLICY INFORMATION & DETAILS:

LIFE INSURANCE POLICY A PROVIDER: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

LIFE INSURANCE POLICY B PROVIDER: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

LIFE INSURANCE POLICY INFORMATION & DETAILS (CONTINUED):

LIFE INSURANCE POLICY C PROVIDER: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

LIFE INSURANCE POLICY D PROVIDER: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

FINANCIAL INSTRUMENTS (401K, ANNUITY, PENSION, CD, IRA & OTHER INFORMATION):

401(K) PROVIDER INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

ANNUITY PROVIDER INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

PENSION PROVIDER INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

CD ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

IRA PROVIDER INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

STOCK ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

INVESTMENT ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

GOVERNMENT BONDS INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

TIMESHARE INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

DIGITAL CURRENCY INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

ADDITIONAL ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

ADDITIONAL ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

ADDITIONAL ACCOUNT INFORMATION: _____

HAS A BENEFICIARY BEEN ADDED: YES NO **IF YES, DATE ADDED:** _____

PERSONAL PROPERTY DESIGNATION SECTION

PERSONAL PROPERTY IS TYPICALLY HANDLED BY THE FAMILY, FRIENDS AND/OR INDIVIDUALS WITH ACCESS TO THE PROPERTY FOLLOWING YOUR PASSING. THE WISHES OUTLINED HERE HELP PROVIDE GUIDANCE TO YOUR CHOSEN EXECUTOR(S) SHOULD THERE BE ANY ISSUES IN TRANSFERRING THE BELOW PROPERTY. PLEASE NOTE, IF YOU DO NOT WISH TO SPEND TIME SPECIFICALLY OUTLINING WHO IS TO RECEIVE WHAT, YOU MAY ALWAYS CHOOSE TO HAVE YOUR EXECUTOR(S) MAKE SUCH DECISIONS, AND WE WILL INDICATE THAT INSIDE OF YOUR WILL.

PLEASE FEEL FREE TO ATTACH A SEPARATE SHEET OF PAPER FOR ADDITIONAL ITEMS (IF NEEDED)

CHECK HERE, IF YOU WANT YOUR EXECUTOR(S) TO DECIDE WHAT HAPPENS WITH ALL PERSONAL PROPERTY

MY CLOTHES ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY SHOES ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY FURNITURE IS TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY JEWELRY IS TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY ELECTRONICS ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY FIREARMS ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY PAINTINGS ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY BOOKS ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY INSTRUMENTS ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

PLEASE LIST ANY ADDITIONAL ITEMS YOU WOULD LIKE TO BE TRANSFERRED AND TO WHOM:

MY _____ ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY _____ ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY _____ ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

MY _____ ARE TO GO TO: _____

WITH THESE INSTRUCTIONS: _____

PLEASE LIST ANY ADDITIONAL SPECIAL INSTRUCTIONS FOR ANY OTHER PERSONAL PROPERTY:

EXECUTOR OF YOUR ESTATE DESIGNATION SECTION

THE EXECUTOR OR CO-EXECUTORS OF YOUR ESTATE IS THE PERSON, OR PEOPLE, WHO WILL BE RESPONSIBLE FOR FILING YOUR LAST WILL & TESTAMENT WITH THE COURT, AS WELL AS SETTling ALL REMAINING DEBTS, AND IF NEED BE, HANDLING YOUR AFFAIRS SHOULD YOUR ESTATE EVER HAVE TO GO THROUGH PROBATE COURT. IT IS WISE TO CONFER AND CONSULT WITH THE INDIVIDUAL AND/OR INDIVIDUALS IN ADVANCE AND INQUIRE IF THEY ARE WILLING TO ACCEPT SUCH RESPONSIBILITY. IT IS ALSO TO EVERYONE'S ADVANTAGE THAT THE EXECUTOR BE A RESIDENT OF THE STATE, BUT IT IS NOT A REQUIREMENT. IF YOU HAVE MORE QUESTIONS, PLEASE FEEL FREE TO ASK.

YOU DON'T HAVE TO PROVIDE THREE DIFFERENT OPTIONS, BUT, WE OFFER THE OPTION TO DO SO:

FIRST CHOICE FOR EXECUTOR OF YOUR ESTATE (CAN BE ONE PERSON, OR MULTIPLE PEOPLE):

EXECUTOR OF YOUR ESTATE:

CO-EXECUTOR OF YOUR ESTATE (IF DESIRED):

NAME:

ADDRESS:

IF SOMETHING HAPPENS TO THE FIRST CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN TAKE OVER HANDLING YOUR AFFAIRS (REMEMBER, YOU DON'T HAVE TO CHOOSE TWO, IT CAN BE ONE PERSON AS EACH ROLE FOR EXECUTOR AND/OR THE BELOW CONTINGENCY EXECUTOR, BUT SHOULD BE SOMEONE YOU TRUST COMPLETELY).

**CONTINGENCY EXECUTOR OF
YOUR ESTATE:**

**CO-CONTINGENCY EXECUTOR OF
YOUR ESTATE (IF DESIRED):**

NAME:

ADDRESS:

IF SOMETHING HAPPENS TO THE FIRST TWO (OR FOUR) CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN TAKE OVER HANDLING YOUR AFFAIRS (REMEMBER, YOU DON'T HAVE TO CHOOSE TWO, IT CAN BE ONE PERSON AS EACH ROLE FOR EXECUTOR AND/OR THE BELOW CONTINGENCY EXECUTOR, BUT SHOULD BE SOMEONE YOU TRUST COMPLETELY).

**CONTINGENCY TO THE CONTINGENCY
EXECUTOR OF YOUR ESTATE (OPTIONAL):**

**CO-CONTINGENCY TO THE CONTINGENCY
EXECUTOR OF YOUR ESTATE (IF DESIRED):**

NAME:

ADDRESS:

POWER OF ATTORNEY & GUARDIAN OF YOUR ESTATE (IF STILL ALIVE) DESIGNATION SECTION

YOUR POWER OF ATTORNEY AND/OR GUARDIAN DESIGNATION IS THE PERSON, OR PEOPLE, WHO WOULD CARE FOR YOU IN THE EVENT THAT YOU WERE NO LONGER ABLE TO CARE FOR YOURSELF. THIS INDIVIDUAL WOULD DO THINGS LIKE PAY YOUR BILLS, MAKE MEDICAL OR HEALTHCARE DECISIONS, AND EVEN POTENTIALLY DECIDE IF YOU SHOULD BE LEFT ON LIFE SUPPORT OR ANY OTHER LIFE-SUSTAINING TECHNOLOGY. IT IS WISE TO CONFER WITH THE INDIVIDUAL(S) IN ADVANCE AND INQUIRE IF THEY ARE WILLING TO ACCEPT SUCH RESPONSIBILITY.

YOU DON'T HAVE TO PROVIDE THREE DIFFERENT OPTIONS, BUT WE OFFER THE OPTION TO DO SO:

FIRST CHOICE OF POWER OF ATTORNEY/GUARDIAN (CAN BE ONE PERSON, OR MULTIPLE PEOPLE):

POWER OF ATTORNEY:

CO-POWER OF ATTORNEY (IF DESIRED):

NAME:

ADDRESS:

IF SOMETHING HAPPENS TO THE FIRST CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN TAKE OVER HANDLING YOUR AFFAIRS (REMEMBER, YOU DON'T HAVE TO CHOOSE TWO, IT CAN BE ONE PERSON AS EACH ROLE FOR POWER OF ATTORNEY AND/OR THE BELOW CONTINGENCY POWER OF ATTORNEY, BUT SHOULD BE SOMEONE YOU TRUST COMPLETELY).

CONTINGENCY POWER OF ATTORNEY/GUARDIAN:

CO-CONTINGENCY POWER OF ATTORNEY/GUARDIAN (IF DESIRED):

NAME:

ADDRESS:

IF SOMETHING HAPPENS TO THE FIRST TWO (OR FOUR) CHOICE(S) LISTED ABOVE, WHO WOULD YOU WANT TO THEN TAKE OVER HANDLING YOUR AFFAIRS (REMEMBER, YOU DON'T HAVE TO CHOOSE TWO, IT CAN BE ONE PERSON AS EACH ROLE FOR POWER OF ATTORNEY AND/OR THE BELOW CONTINGENCY POWER OF ATTORNEY, BUT SHOULD BE SOMEONE YOU TRUST COMPLETELY).

CONTINGENCY TO THE CONTINGENCY POWER OF ATTORNEY (OPTIONAL):

CO-CONTINGENCY TO THE CONTINGENCY POWER OF ATTORNEY (IF DESIRED):

NAME:

ADDRESS:

SPECIAL WISHES CONCERNING HEALTH & MEDICAL DECISIONS (SHOULD THE NEED EVER ARISE)

PLEASE SPECIFY IF YOU HAVE ANY SPECIAL WISHES OR REQUESTS CONCERNING HEALTH, MEDICAL AND/OR END OF LIFE DECISIONS SHOULD YOUR POWER OF ATTORNEY EVER BE CONFRONTED WITH SUCH DECISIONS.

DO YOU WISH TO BE RESUSCITATED: YES NO LEAVE UP TO THE POA/GUARDIAN

SPECIAL INSTRUCTIONS: _____

DO YOU WISH TO BE KEPT ALIVE ON LIFE SUPPORT: YES NO LEAVE UP TO THE POA/GUARDIAN

SPECIAL INSTRUCTIONS: _____

DO YOU WISH TO BE KEPT ALIVE ON A VENTILATOR: YES NO LEAVE UP TO THE POA/GUARDIAN

SPECIAL INSTRUCTIONS: _____

DO YOU AGREE TO EXPERIMENTAL TREATMENT: YES NO LEAVE UP TO THE POA/GUARDIAN

SPECIAL INSTRUCTIONS: _____

DO YOU AGREE TO LONG-TERM CARE (IF NEEDED): YES NO LEAVE UP TO THE POA/GUARDIAN

SPECIAL INSTRUCTIONS: _____

PLEASE LIST ANY OTHER SPECIAL WISHES AND/OR REQUESTS YOU MAY HAVE AS IT RELATES TO YOUR CARE:

DISINHERITANCE SECTION (ANYONE YOU DON'T WANT TO INHERIT IF SOMETHING ODD HAPPENS)

THIS SECTION IS TO DESIGNATE ANYONE YOU WOULDN'T WANT TO INHERIT ANYTHING FROM YOUR ESTATE UNDER ANY CIRCUMSTANCES, SUCH AS IN-LAWS, THE POTENTIAL GUARDIAN OF A MINOR CHILD (SUCH AS A GRANDCHILD) OR EVEN A SIBLING OR PARENT. YOU NEED NOT HATE THEM OR DESPISE THEM, JUST NOT WANT THEM TO INHERIT.

PLEASE DISINHERIT ANY IN-LAWS:

PLEASE DISINHERIT ANY GUARDIANS OF CHILDREN WHO ONLY INHERIT BY VIRTUE OF BEING THE GUARDIAN OF A

PLEASE DISINHERIT THE BELOW:

MINOR CHILD IN MY BLOODLINE:

BURIAL AND/OR FUNERAL INSTRUCTIONS

PLEASE SPECIFY IF YOU HAVE ANY SPECIAL WISHES OR REQUESTS CONCERNING YOUR BURIAL AND/OR THE FUNERAL/MEMORIAL SERVICES YOU DESIRE YOUR LOVED ONES TO FOLLOW (COMPLETELY OPTIONAL).

I WISH TO BE: **CREMATED** **BURIED IN A CASKET** **LEAVE UP TO THE FAMILY** **OTHER (BELOW)**

SPECIAL INSTRUCTIONS: _____

I WISH TO: **HAVE A FUNERAL** **NO SERVICE** **LEAVE UP TO THE FAMILY** **OTHER (BELOW)**

SPECIAL INSTRUCTIONS: _____

I REQUEST THE FOLLOWING PERSON/PEOPLE OFFICIATE MY MEMORIAL SERVICE(S):

I REQUEST THE FOLLOWING PERSON/PEOPLE SPEAK/PERFORM AT MY MEMORIAL SERVICE(S):

I REQUEST THE FOLLOWING PERSON/PEOPLE NOT SPEAK/BE IN ATTENDANCE AT MY MEMORIAL SERVICE(S):

REQUESTED SCRIPTURES, QUOTES OR PASSAGES TO BE INCLUDED IN MY OBITUARY:

REQUESTED WORDS OR MESSAGES TO FAMILY MEMBERS TO BE INCLUDED IN MY OBITUARY OR READ ALOUD AT MY MEMORIAL SERVICE:

QUESTIONS OR COMMENTS TO DISCUSS WITH THE ATTORNEY UPON YOUR VISIT

PLEASE USE THE FOLLOWING SECTION TO WRITE DOWN/TYPE IN ANY QUESTIONS, COMMENTS OR CONCERNS YOU ENCOUNTERED WHILE COMPLETING THIS PRE-ESTATE PLANNING WORKSHEET. PLEASE USE THIS SECTION TO CAPTURE THOSE QUESTIONS, AS THERE IS A STRONG LIKELIHOOD YOU WILL FORGET THEM WHEN IT COMES TIME TO ACTUALLY MEET IN PERSON, SO TAKE FULL ADVANTAGE OF THIS PAGE. A FEW POSSIBLE QUESTIONS ARE, WHAT IS A CONTINGENCY BENEFICIARY EXACTLY, HOW DOES THE TRUST WORK, WHAT ARE MY OPTIONS FOR MY TRUST, AND MANY, MANY, MORE. REMEMBER, YOU GET TO DECIDE EVERYTHING REGARDING YOUR ESTATE PLAN, SO NOTHING IS OFF THE TABLE.

HAVE YOU ADDED BENEFICIARIES AND CONTINGENCY BENEFICIARIES TO ALL YOUR FINANCIAL ACCTS:

YES, I DID SO ON THIS DATE: _____ NO UNSURE, DATE TO FOLLOW-UP: _____

HAVE YOU DISCUSSED YOUR ESTATE PLAN WITH YOUR LOVED ONES:

YES, I DID SO ON THIS DATE: _____ NO UNSURE, DATE TO FOLLOW-UP: _____