

Sample Form #1: Questionnaire for Executors

Assets	Gross Value	Joint	Husband	Wife
Residence:	\$ _____	\$ _____	\$ _____	\$ _____
Other real estate:	\$ _____	\$ _____	\$ _____	\$ _____
Cash and equivalents:	\$ _____	\$ _____	\$ _____	\$ _____
Stocks:	\$ _____	\$ _____	\$ _____	\$ _____
Bonds:	\$ _____	\$ _____	\$ _____	\$ _____
Mutual funds:	\$ _____	\$ _____	\$ _____	\$ _____
Life insurance:	\$ _____	\$ _____	\$ _____	\$ _____
Retirement benefits:	\$ _____	\$ _____	\$ _____	\$ _____
Tangible personal property:	\$ _____	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____	\$ _____

Liabilities	Amount	Joint	Husband	Wife
Home mortgage:	\$ _____	\$ _____	\$ _____	\$ _____
Secured debts:	\$ _____	\$ _____	\$ _____	\$ _____
Unsecured debts:	\$ _____	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____	\$ _____

Net Assets:	\$ _____	\$ _____	\$ _____	\$ _____
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Advisors
 Accountant:
 Stockbroker:
 Financial advisor:
 Insurance underwriter:
 Banker:
 Others:

Sample Form #2: Durable Power of Attorney Checklist

	Name	Address
First choice for client:	_____	_____
Second choice for client:	_____	_____
First choice for spouse/partner:	_____	_____
Second choice for spouse/partner:	_____	_____

- Are provisions needed for gift giving? Yes / No
- Are provisions needed to permit disclaiming an inheritance? Yes / No
- Are provisions needed to transfer assets into any existing trust? Yes / No
- Are provisions needed to permit decisions being made concerning IRAs, 401(k)s, and other retirement plans, including changing beneficiaries? Yes / No
- Are provisions other than standard ones needed? Yes / No

Sample Form #3: Advanced Health Care Directive Checklist

	Name	Address
First choice for client:	_____	_____
Second choice for client:	_____	_____
First choice for spouse/partner:	_____	_____
Second choice for spouse/partner:	_____	_____

	Client	Spouse/Partner
Is your life to be artificially prolonged by machine, such as a respirator?	Yes / No	Yes / No
Are you to receive nutrition and hydration (including water) by tube?	Yes / No	Yes / No
Are you to be given blood transfusions?	Yes / No	Yes / No
Are you to receive organ transplants?	Yes / No	Yes / No
On your death, do you wish to donate your organs?	Yes / No	Yes / No
On your death, do you wish to donate your body for scientific or medical research?	Yes / No	Yes / No
Are other provisions needed?	Yes / No	Yes / No

Sample Form #4: Basic Will Checklist

Client and Family

Client's full name:
Address:
Spouse's full name:
Children's full names and dates of birth:
Other descendants:

Specific Gifts

Description:
Primary beneficiary:
Contingent beneficiary:
Survivorship period:

Tangible Personal Property

Description:
Primary beneficiary:
Contingent beneficiary:
Survivorship period:

Residence

Deed reference:
Primary beneficiary:
Contingent beneficiary:
Survivorship period:
Is the residence subject to a mortgage? Yes / No
(If yes, is it to be paid from the estate or assumed by the devisee?)
Is tangible personal property (furniture and furnishings) at or in the real estate included in the gift of the residence? Yes / No

Other Real Estate

Deed reference:
Primary beneficiary:
Contingent beneficiary:
Survivorship period:
Is this real estate subject to a mortgage? Yes / No
(If yes, is it to be paid from the estate or assumed by the devisee?)
Is tangible personal property (furniture and furnishings) at or in this real estate included? Yes / No

Charitable Gifts

Are any charitable gifts to be given? Yes / No
(If yes, specify the gift and the exact name and address of charity.)

Disposition of Residue

Outright to spouse:
In trust for spouse:
Outright to children:
In trust for children:
Outright to others:
In trust for others:
Other:

Tax Clause

Are taxes on probate and nonprobate assets to be paid from the residue? Yes / No
Are there any specific bequests to be exonerated from tax? Yes / No
Are taxes to be prorated between probate and nonprobate assets? Yes / No
Are provisions needed for apportionment property? Yes / No
Other tax provisions:

Personal Representative

Name:
Address:
Alternative address:
Surety bond waived? Yes / No
Special provisions:
Operate business? Yes / No
Operate farm? Yes / No
Sell real estate? Yes / No
Other:

Guardian

Name:
Address:
Alternative address:
Surety bond waived? Yes / No
Special provisions or bequests for guardian?

Survivorship

General survivorship: ___ days
Does this apply to spouse? Yes / No
Simultaneous death? Yes / No
(If yes, which spouse is presumed to die first?)

Other

Is a clause needed to specifically disinherit a person?
If so, explain:
Are provisions needed for after-born children? Yes / No
No-contest provisions needed? Yes / No

Sample Form #5: Trust Checklist

Grantor and Family

Grantor's full name:
Address:
Spouse's full name:
Children's full names and dates of birth:
Other descendants or beneficiaries:

Grantor

Income payable at least annually:
Income payable more frequently:
Principal in grantor's discretion:
Income and principal in trustee's discretion, if disabled:

Surviving Spouse

Income to spouse mandatory at least annually:
Income to spouse mandatory more frequently:
Income to spouse discretionary:
Sprinkle income among spouse and children:
Principal at spouse's request:
Principal in trustee's discretion:
General inter vivos power to appoint:
Limited inter vivos power to appoint:
General testamentary power to appoint:
Limited testamentary power to appoint:

Children

One trust until youngest attains age:
Equal shares in trust:
Income payable at least annually:
Income payable more frequently:
Income discretionary:
Other:
Principal in trustee's discretion:
Principal by ascertainable standard:
Principal/other:
Distribution at ages:
Provision in the event of child's death before full distribution:
 Child to have general testamentary power to appoint:
 Child to have limited testamentary power to appoint:
 Descendants:
 Spouse:
 To descendants of child:
 To brothers and sisters:
 Other:

Grandchildren

Use of generation-skipping tax exclusion: Yes / No
Outright distribution:
Separate trusts:

Trust for Relative or Other Person

Beneficiary:
Terms:

Other Provisions

Education to include:
 Trade school:
 College:
 Postgraduate study:
Spendthrift clause:
Perpetuities savings clause:
Other:

Trustee

Name:
Co-trustee:
Successor trustee:
Successor co-trustee:
Provisions for removal by spouse and/or current beneficiary:
Compensation:
Other special provision regarding trustee: