

THOUGHT-SHEET

Over the years we have found that clients enjoy the design meeting more **if** they have had a chance to think about the decisions they will be making to customize their estate plan beforehand. Please complete this sheet to help make your design meeting a success.

WHO WILL HELP?

- Who do I want to be an executor/trustee (be in charge of my money) if I am incapacitated or should pass away? What if that person is unable or unavailable, who would I choose as the backup? (Note: Trustees should be U.S. citizens)

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

- Who understands and will follow my wishes and be capable of making health care decisions if I am unable to make them for myself?

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

- If I have a terminal illness or if I am permanently unconscious, would I want to be hooked up to a feeding tube or artificial hydration? YES | NO
- If I have a terminal illness or if I am permanently unconscious, would I want CPR given even if it is medically futile? YES | NO
- Did you wish for us to allow language in your health care documents for Organ Donation, YES | NO
If yes, would you like to limit it for transplant only, for medical research only, or for any purpose?

WHO WILL RECEIVE MY ESTATE WHEN I DIE?

- Who do I want to receive my assets when I am gone? How much do I want them to receive?

Name: _____ % of Estate: _____

Name: _____ % of Estate: _____

(Continued)

Name: _____ % of Estate: _____

Name: _____ % of Estate: _____

- Do I want to build in divorce and creditor protection for my beneficiaries? YES | NO
- Do I want to ensure assets stay within my bloodline? YES | NO
- Do I want to include my or my beneficiaries adopted and step children in my distributions? YES | NO
- Is there anyone who should receive a specific distribution of money or items? Who and what or how much?

Name: _____ What: _____

Name: _____ What: _____

Who receives your assets if none of the above named people or institutions exist?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

FOR PARENTS OF MINOR CHILDREN ONLY

Who do I want as short-term/first-responder guardians for my children if something happens to me?

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

- Who do I want to name as long-term or permanent guardians for my children? (For very young children, we recommend naming a back-up.)

1. Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

2. Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

3. Name: _____ Relationship to you: _____

City, State: _____ Phone: _____

Please use extra sheet of paper if you need more room for any section.