

YOUR PERSONAL ESTATE PRESERVATION PROGRAM WORKBOOK

Date: _____

Client 1: _____ Phone: _____

Client 2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Licensed Attorney

Stanley K. Pierchoski
Name

103 North First Street
Address

Pulaski, TN 38478
City, State, Zip

(931) 363-7222
Phone Number

Independent Advisor

Name

Address

City, State, Zip

Phone Number

CONFIDENTIAL

The information in this Workbook is personal and confidential. It will be protected to the fullest extent of the law. © 2014, All Rights Reserved

A NOTE FROM YOUR ATTORNEY ON USING THIS WORKBOOK

You will note that this Workbook asks for a lot of information. I need this information in order to determine the appropriate documents for your estate.

Once I receive the completed Workbook I will study it and call you. We will discuss your information, either over the telephone or in person or both. Only after we discuss your information will I recommend a course of action for you to take. I may discuss alternative forms of estate planning such as a living trust or others that may apply to your personal situation.

Any documents prepared will be prepared under my direct supervision, control and professional oversight. I will personally see to it that your documents will be prepared to meet your individual wants, needs and goals.

Preparation of your estate planning documents normally requires four to six weeks from the time I receive your completed Workbook until you sign your final documents.

Two complete sets of your documents will be created and made available for your signature. I suggest that one set be placed in a binder or folder and the other in a safe place as a backup in the event something should happen to one copy, or I may keep the second copy on file.

For now, I wish to assure you of two things:

1. All the information you provide in the workbook will be kept confidential.
2. Whatever documents are prepared for you will be prepared at all times under my direct supervision, control, regulation and professional oversight.

My affiliation with your professional advisor, if any, is limited to the fact that he or she has recommended me to you as your attorney. Should there be advisor's fees, they are separate from any fees that I may charge you. I represent you. My loyalty is only to you.

Please let me know how I can assist you to accomplish your goals.

I look forward to working with you.

Stanley K. Pierchoski
Attorney

FINANCIAL ANALYSIS

This section is one of the most important sections of the workbook. Don't be intimidated by this section; it really is not as difficult as you may think. Filling out this section of the workbook should take no more than 10-15 minutes.

It is suggested that you enter the financial data in pencil only – so that you may periodically update this information yourself. (It is a good idea to re-assess your financial position about once a year.)

Do not get consumed with “nickel and dime” detail. Your financial estimates need to be done only to the nearest \$1,000.

For example: A bank balance of \$1,333.33 should be shown as \$1,000.
A CD with a value of \$1,850 should be shown as \$2,000.

It may be surprising to you, but if you simply write down a figure from your memory, you will usually find that it is within 10 percent of the actual figure. If your financial figures are within 10 percent, that is quite sufficient for estimating your present Net Worth and enabling your advisor to project the value of your estate over the next five years.

FINANCIAL ANALYSIS

Client: _____ Date: _____

CASH & SAVINGS

Checking Account	\$		
Certificates of Deposit			
Treasury Bills			
Credit Union			
Money Market			
Savings Account			
Total			\$ _____ (a)

MARKET SECURITIES

Stocks	\$		
Bonds			
Mutual Funds			
Annuities			
SPWL*			
Gold & Silver			
Total			\$ _____ (b)

*SPWL means investment in Single Premium Whole Life or Single Premium Universal Life.

REAL ESTATE (Other Than Home)

Type	City	Market Value	-	Mortgage	=	Equity
		\$ _____		\$ _____		\$ _____
Total Equity						\$ _____ (c)

FIXED & OTHER

Business Interests	\$ _____	
Limited Partnerships	_____	
First & Second Trust Deeds	_____	
Notes Due	_____	
Total		\$ _____ (d)

	Market Value	-	Mortgage	=	Equity
Home	\$ _____		\$ _____		\$ _____
Personal Property **					\$ _____
Total					\$ _____ (e)

**Personal Property – includes furniture, fixtures, antiques, paintings, clothing, furs, jewelry, automobiles, recreation vehicles, hobbies, coins, stamps, tools, etc.

RETIREMENT PLANS

IRA	\$ _____	
Keogh	_____	
SEP	_____	
401(k)/403(b)	_____	
Profit Sharing Plan	_____	
TSA	_____	
ESOP	_____	
PASOP	_____	
Deferred Compensation	_____	
Pension	_____	
Total		\$ _____ (f)

LIFE INSURANCE

	Face Value	Cash Value
Client – Business	\$ _____	_____
Other	_____	_____
Spouse – Business	_____	_____
Other	_____	_____
Total Ins.:	_____ (h)	Cash Value: \$ _____ (g)

These policies are: _____ Term _____ Whole

Total Net Worth (a + b + c + d + e + f + g) \$ _____

Total Life Insurance (Face Value) (h) \$ _____

Total Net Worth Plus Life Insurance (total of last two figures) \$ _____

Notes/Planning Goals: _____

Advisor/Attorney:

A LEGAL PRIMER FROM YOUR ATTORNEY

- SINGLE A TRUST.** Appropriate for a single individual or for a married couple who own separate property and who do not own any joint property and would like a separate trust for each party.
- MARRIED A TRUST.** Appropriate for a Husband and Wife whose entire estate (including insurance) will definitely remain substantially less than one federal estate tax exclusion. Because of the potential impact of inflation on an estate, I generally recommend an AB trust for a married couple, regardless of the estate size. Only one federal estate tax exclusion is available with this trust, so in effect you “throw away” the ability to use both federal estate tax exclusions.
- MARRIED AB TRUST.** Appropriate for a Husband and Wife whose estate is less than and not expected to exceed the equivalent of two federal estate tax exclusions.
- MARRIED ABC (Q-TIP) TRUST.** Appropriate for a Husband and Wife interested in preserving both federal estate tax exclusions and deferring the payments of estate taxes as long as possible when their estate exceeds or may exceed the equivalent of two federal estate tax exclusions. This trust includes Q-TIP and Q-DOT language and should be selected when one or both clients is a resident/non-citizen of the U.S. Also used for same sex couples whose state recognizes their marriage.
- UNMARRIED AB TRUST.** Appropriate for two individuals that share ownership of joint assets.
- PARTNER SECURE AB TRUST.** Appropriate for domestic partners who own joint assets. Includes the SECURE Trust, which acts as a non-marital credit shelter trust bringing all of the partners' assets into the joint trust and under joint management without triggering the gift tax, and an integrated Domestic Partnership Property Agreement. Used in states that do not recognize same sex marriage.
- PARTNER AA TRUST.** Appropriate for two individuals that wish to own assets in separate trusts.
- SINGLE A Q-TIP TRUST.** Appropriate only for a Husband and/or Wife who prefer two separate trusts rather than a joint trust who need the Q-Tip provisions. (Separate workbooks should be used for each client)

OTHER DOCUMENTS INCLUDED WITH THE TRUSTS LISTED ABOVE

Living Will
Pour-Over Will
Durable Power of Attorney for Health Care (or Advance Directive/Health Care Proxy)
Durable Power of Attorney for Assets
Nomination of Conservator
Appointment of Guardian for Minor or Disabled Children
Generation Skipping Trust provision (if needed)
Trust Protector provision (if requested)
Assignment of Furnishings and Personal Effects
Trust Certification
Transfer Letters
Letter of Instruction, and
Comprehensive Instructions and Forms for Estate Management.

- SET OF ANCILLARY DOCUMENTS FOR ANOTHER STATE.** Appropriate if you regularly spend time in two or more states. Includes Durable Power of Attorney for Assets, Durable Power of Attorney for Health Care, Living Will and Nomination of Conservator/Guardian. (See P 15)

RUSH PROCESSING:

- EXPEDITE.** For an additional fee any of these documents can be prepared and ready for your signature(s) within five (5) business days.

ADDITIONAL ESTATE PLANNING OPTIONS

- ASSET PROTECTION TRUSTS.** Intentionally Defective Grantor Trust, (IDGT) or the Nevada Asset Protection Trust are designed to assist clients with varying advanced asset protection needs. ADVISOR OR ATTORNEY, CONTACT DOCUMENT PROVIDER FOR INFORMATION AND INTAKE REQUEST FORM.
- ASSET MANAGEMENT TRUST (SPENDTHRIFT TRUST).** An irrevocable trust designed to hold assets for a beneficiary with asset management problems.
- BENEFICIARY TRUST.** A dynasty trust designed to permit any of your beneficiaries to have control over the assets left to them while keeping those assets protected against the claims of creditors, divorcing spouses and future estate taxes.
- BILL OF SALE.** Transfers untitled assets into your living trust, such as sole proprietorship interests, collections, jewelry, farm equipment, business inventories and valuable personal property.
- CATASTROPHIC ILLNESS TRUST.** The irrevocable CIT, if timely organized and funded, may protect your estate from the cost of an illness or disability that may otherwise deplete your estate's assets.
- CHARITABLE REMAINDER TRUST.** A trust that is especially ideal for handling highly appreciated assets, such as stock, real estate or a family-owned business offering the use of such assets during the Trustor's lifetime, then gifting assets upon the death of the Trustor to designated charities.
- FAMILY LIMITED PARTNERSHIP.** Designed to reduce the value of your taxable estate, provide maximum flexibility and creditor protection while permitting you to retain control over your assets that are owned by the partnership. A legal entity consisting of a general partner and one or more limited partners. It can be used to protect assets from litigation and reduce or eliminate estate taxes and generation skipping taxes.
- GIFT TRUST.** Designed to reduce the value of your taxable estate, and provide maximum gifting flexibility by allowing you to gift separately to each beneficiary, such as children or grandchildren. Each year, you can designate whom you want as the beneficiary of each gift, as well as how and when the gift is to be used.
- INSURANCE PRESERVATION TRUST.** A trust designed to keep life insurance out of your taxable estate to avoid consumption by taxes and to provide a relatively low cost way to pay federal estate taxes. If your life insurance plus your net worth exceeds or may exceed the federal estate tax exclusion, this trust may be used to avoid unnecessary and otherwise avoidable estate taxes on life insurance.
- INSURANCE PRESERVATION TRUST - SPOUSAL AND FAMILY SUPPORT.** Also known as a SLAT, additional language is included for the younger married couple who wish it specifically stated in the trust that the Trustee is directed to expend trust assets for the benefit of the surviving spouse and children. This trust may only have one Trustor. If both spouses have insurance, two trusts must be prepared.
- IRA/QUALIFIED PLAN TRUSTS.** Designed to protect your IRA/Qualified plan assets from estate taxes by maximizing the decedent spouse's estate tax exemption and ensuring maximum income tax deferral. Also may be used to manage distributions to your children and grandchildren and stretch out required minimum distributions.
- LAND TRUST.** A land trust is a document that allows your real estate assets to be held privately so your name does not appear on the title in the public records.
- SEPARATE PROPERTY AGREEMENT.** Identifies any separate property of the husband, the wife or a partner and thus prevents the unintentional disinheritance of rightful heirs. Also offers protection of assets from the claims of divorcing spouses.
- SPECIAL NEEDS TRUST.** A stand-alone irrevocable trust designed to hold assets for a beneficiary with special needs.

PERSONAL DATA

Client 1:

First Name: _____ Middle: _____ Last Name: _____

Net Worth: _____ Insurance: _____

Gender: Male Female US Citizen: Yes No US Resident: Yes No

Social Security No.: _____ Married: Yes No

Birth Date: ____/____/____ Birthplace: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Father's name: _____ Birthplace: _____

(Include City and State)

Mother's name: _____ Birthplace: _____

(Use Maiden Name)

(Include City and State)

E-mail Address: _____

Client 2:

First Name: _____ Middle: _____ Last Name: _____

Gender: Male Female US Citizen: Yes No US Resident: Yes No

Social Security No.: _____ Married: Yes No

Birth Date: ____/____/____ Birthplace: _____

Marriage Date: _____ Marriage Place: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Father's name: _____ Birthplace: _____

(Include City and State)

Mother's name: _____ Birthplace: _____

(Use Maiden Name)

(Include City and State)

E-mail Address: _____

CHILDREN'S DATA

The names of all your children must be included in your Revocable Living Trust and in your Pour-Over Wills, even if any one or all of them are to be disinherited. Use complete legal names. In the case of a disabled child, please note whether the child is eligible for Social Security Income or any federal or state benefits. In the case of a deceased child with living issue, you need to specify whether to include that deceased child's issue as a Successor Beneficiary.

Full Legal Name of Child(ren):	Birthdate (Mo/Day/Yr)	Gender	Child of: Client 1, Client 2, or Both	Disabled?	Deceased?	Beneficiary? (if no, disinherited)
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						
_____	_____	_____	_____	_____	_____	_____
Address, City, State and Zip Code						

- Yes, please include any children born to the Trustors after the creation of the Trust.**
*(This may only be used when equal allocations are made to all Beneficiaries.
 Does not include grandchildren.)*

- I wish to allocate some of my assets to my grandchildren or others who will be defined as a "skip" person (this will add the Generation Skipping Transfer Tax provisions to the trust.)

Original Trustee(s)
[The Living Trust book, Section "Parties to the Trust"]

Typically, if married, both spouses/partners serve as the original Trustees (i.e. legal owners of the Trust Estate and managers of the assets held in the Living Trust) and upon the death (or incapacity) of one spouse, the survivor continues to manage the Trust Estate. If a child is assisting you with paying your bills and other items, you may wish to add that child as a Trustee to serve with you.

Original Trustee(s)

- Client 1
- Client 1 and Client 2
- Other [Co-Trustee serving with original Trustee(s)]

Successor Trustee(s)
[The Living Trust book, Section "Parties to the Trust"]

The Successor Trustee is the individual who will manage and distribute your assets upon the death or incompetency of the original Trustees. When more than one person is selected to serve, you may have them serve together or in succession. It is recommended as best practice that only one serve at a time, and to name more than one level. If not a child, specify relationship.

Typically, Trustors name one or more of their adult children, or close family members or friends to serve as the Successor Trustee. Please be aware that if more than one person serves at a time, any documents that require the Successor Trustee's signature will normally require all the Trustees to sign. This could cause a problem if there is a considerable distance between these persons, or a conflict and they cannot agree.

A disabled individual, who is eligible for government benefits (Social Security Income or any government aid) *must not be named as a Successor Trustee* as this may disqualify that disabled individual from eligibility for Social Security Income or government aid.

Successor Trustee(s):

Alternate Successor Trustee(s):

Second Alternate Successor Trustee(s):

Family Home as Separate Property

[The Living Trust book, Section "Allocation and Distribution of Assets"]

Is the family home considered the separate property of either you or your spouse/partner? If yes, complete this section. If not, please skip this section.

The family home is the separate property of: Client 1 or Client 2

If your Spouse/Partner survives you:

May your spouse/partner live in the home until his/her death? Yes No

May your spouse/partner continue to live in the home if he/she remarries? Yes No

Will your spouse/partner's residential rights cease if he/she stops living there? Yes No

Warning: If residential rights cease prior to the death of the Surviving Spouse, the family home is not eligible for the unlimited marital deduction and on the death of the first Spouse must be placed in the Decedent's B sub-Trust and not in the C sub-Trust (i.e. the Q-TIP Trust). This may cause estate taxes to be due on the death of the first Spouse if the Decedent's B sub-Trust exceeds the federal estate tax exclusion. Failure to grant residential rights to the Surviving Spouse until death will require the signatures of both clients on a disclaimer letter.

Home Address: _____

City: _____ State: _____ Zip Code: _____

Special Bequests

[The Living Trust book, Section "Allocation and Distribution of Assets"]

A special bequest is a specific gift that you direct to be made to an individual, institution, or charity. It may be specified as a dollar amount, a percent, or a particular asset. Prior to distribution, the Successor Trustee is authorized to reduce the special bequest by any estate inheritance tax attributable to the specific gift. It is strongly recommend against any sizeable special bequest since it may create an unexpected problem for one or more or all of your Beneficiaries. Preferably, a special bequest should be a small gift, distributed outright upon the death of you, your Spouse, or the survivor of you and your Spouse. (For example: 2% to Thomas Smith, or \$3,000 to Margaret Jones.) In most cases, special bequests should be specified as a percentage of your estate. An exception to this rule would be small cash bequests of \$100 to \$1,000.

Personal effects left to individuals such as jewelry, furniture, etc. *should not be listed here*. The appropriate place for personal property items you wish to leave to specific individuals is the Memorandum in the Assignment of Personal Effects section of your trust binder.

If you wish to make a special bequest, please complete the following:

Following the death of the Trustor(s), I/we bequest: (Select one)

_____% of the Trust Estate

\$ _____,

Asset (describe) _____, to the following person: _____

If the recipient is deceased, at the time the gift is to be made, this bequest shall: (Select one)

lapse or be granted to the recipient's living issue.

This bequest is from: (Select one) client 1 client 2 both

Note: For additional bequests, attach a separate sheet to this Workbook.

Allocation and Distribution

[The Living Trust book, Section "Allocation and Distribution of Assets"]

Upon the death of the first Spouse/Partner, the Living Trust is designed to continue to hold the assets in Trust for the benefit of the Surviving Spouse/Partner. This section identifies who will receive the Trust assets upon the death of the Surviving Spouse/Partner.

Allocation of Trust Assets to Successor Beneficiaries

Use this section to identify who you want to receive the Trust assets upon the death of the Surviving Spouse/Partner. Select one:

Allocate the Trust assets equally to all of the children listed in the Children's Data section of this Workbook.

Other (Please complete the following information)

Full Legal Name of Each Beneficiary	Gender	Age	Relationship	Percentage of Estate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Distribution of Trust Assets to Successor Beneficiaries

Use this section to identify when you want the Trust assets distributed upon the death of the Surviving Spouse/Partner.

Please select one of the following:

Distribute the Trust assets to the Successor Beneficiaries upon the death of the Surviving Spouse/Partner.

Distribute the Trust assets to each Successor Beneficiary as follows: 1/3 of each Successor Beneficiary's share when a Successor Beneficiary reaches the age of 25, 1/3 of each Successor Beneficiary's share when a Successor Beneficiary reaches the age of 30 and the final 1/3 of each Successor Beneficiary's share when a Successor Beneficiary reaches the age of 35.

Other: _____

Allocation and Distribution
[The Living Trust book, Section "Allocation and Distribution of Assets"]

This section identifies who will receive the assets in your Revocable Living Trust if a Successor Beneficiary predeceases you.

Allocation of Trust Assets to Contingent Beneficiaries

In the event a Successor Beneficiary predeceases you, you need to identify who should receive that Beneficiary's share of the Trust assets.

Please select one of the following:

- If a Successor Beneficiary is deceased at the time of distribution, that Successor Beneficiary's share of the Trust assets will be allocated equally to his/her children. If that Successor Beneficiary has no children, then that Successor Beneficiary's share of the Trust assets will be allocated equally to the remaining Successor Beneficiaries.
- If a Successor Beneficiary is deceased at the time of distribution, that Successor Beneficiary's share of the Trust assets will not be allocated to his/her children, but instead it will be allocated to the remaining surviving Successor Beneficiaries.

Other: _____

Distribution of Trust Assets to Contingent Beneficiaries

In the event a Successor Beneficiary predeceases you, you need to identify when that Successor Beneficiary's share of the Trust assets are to be distributed to the Contingent Beneficiaries. It is recommended to distribute 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35. If the suggestion is accepted and the Contingent Beneficiary is 35 years of age or older, his or her share of the estate would automatically be distributed outright. This is highly recommended because this provision could apply to the children or grandchildren of your Successor Beneficiaries, and as such, these children/grandchildren could still be minors or may not be mature and responsible enough to handle money. Please be aware that if an outright distribution is made to a minor, their share of the Trust assets will be entrusted to the guardian of the minor and will no longer be managed by the Successor Trustee you have appointed.

Please select one of the following:

- Standard Provision (25, 30, 35)

Other: _____

Intestate Succession

[The Living Trust book, Section "Allocation and Distribution of Assets"]

This provision applies only when all of your Successor and Contingent Beneficiaries and their issue, (i.e. grandchildren, great grandchildren, etc.) are deceased and assets still remain in your Trust. In other words, this provision acts like a safety net and will direct that if all your named Beneficiaries predecease you, your estate will be distributed to your living nieces and nephews, and their living issue. Please note: Unless changed below, parents, brothers and sisters are excluded to prevent double estate taxation.

To use the standard recommended provision, DO NOT check any of the boxes below. However, to alter the recommended format, please check all that apply:

- Include brothers and sisters
- Include parents
- Exclude the following persons: _____

Power of Attorney for Health Care [Sec. "Ancillary Documents"]

This provision is also sometimes known as the Advanced Health Care Directive or Proxy. It identifies who would make medical decisions on your behalf if you are unable for any reason to do so. Typically, your spouse/partner is named as the primary "Attorney-in-Fact." Name at least one alternate - such as one of your adult children, or a close family member or friend. Only one person should serve at a time. Unless specified otherwise, will be effective immediately.

OPTION: Instead of Immediate, please make Written Notice of Two Physicians: _____

Client

Spouse/Partner

Primary: _____ Primary: _____

First Alternate: _____ First Alternate: _____

Second Alternate: _____ Second Alternate: _____

Third Alternate: _____ Third Alternate: _____

Durable Power of Attorney for Assets [Sec. "Ancillary Documents"]

This provision identifies who will act for you, in the event of your incapacity, for assets **NOT** in your Trust. It enables the named individual to manage those assets on your behalf, and/or transfer those assets into your Trust as long as you are still living. It does not apply to assets already inside your Living Trust. Your spouse/partner is usually named as the primary "Attorney-in-Fact." Generally, the individual named as the Successor Trustee is then named as the alternate in case your spouse/partner cannot serve. Only one person should serve at a time. Name at least one alternate. Unless specified otherwise, will be effective immediately.

OPTION: Instead of Immediate, please make Written Notice of Two Physicians: _____

Client

Spouse/Partner

Same individuals as named in the Power of Attorney for Health Care

Other: Please complete below

Same individuals as named in the Power of Attorney for Health Care.

Other: Please complete below.

Primary: _____ Primary: _____

First Alternate: _____ First Alternate: _____

Second Alternate: _____ Second Alternate: _____

Third Alternate: _____ Third Alternate: _____

Nomination of Conservator
[The Living Trust book, Section "Ancillary Documents"]

The Conservator is an individual you choose to be responsible for your person (as opposed to your assets) in the event you become incompetent and a court is petitioned to name a Conservator. Typically, this is the same individual whom you have selected as attorney-in-fact for your Power of Attorney for Health Care (Advanced Health Care Directive). Name at least one alternate - such as one of your adult children, or a close family member or a friend in case your spouse/partner is unable to serve. Only one person should serve at a time.

Client

- Same individuals as named in the Power of Attorney for Health Care.
- Other: Please complete below.

Spouse/Partner

- Same individuals as named in the Power of Attorney for Health Care.
- Other: Please complete below.

Primary: _____ Primary: _____

First Alternate: _____ First Alternate: _____

Second Alternate: _____ Second Alternate: _____

Third Alternate: _____ Third Alternate: _____

Last Will & Testament

[The Living Trust book, Sections "Parties to the Trust" and "Creating Your Estate Plan"]

Your Will, also know as your Pour-Over Will, applies to assets left outside your Trust by accident or by design. It enables the Executor of your estate to take those assets through the probate process and then transfer those assets into your Trust for distribution according to the terms of your Trust. Typically, the Executor you name is the same individual you select for your Durable Power of Attorney for Assets. Again, name at least one alternate - such as one of your adult children, or a close family member or a friend - in case your spouse/partner is unable to serve. Only one person should serve at a time.

Client

- Same individuals as named in the Power of Attorney for Assets.
- Other: Please complete below.

Spouse/Partner

- Same individuals as named in the Power of Attorney for Assets.
- Other: Please complete below.

Primary: _____ Primary: _____

First Alternate: _____ First Alternate: _____

Second Alternate: _____ Second Alternate: _____

Third Alternate: _____ Third Alternate: _____

Appointment of Guardian for Minor or Disabled Children

[The Living Trust book, Sections "Ancillary Documents" and "Creating Your Estate Plan"]

Identifies who will be the Guardian for your minor or disabled children upon your demise. The Guardian and the Successor Trustee(s) need not be the same person(s). If you are re-married and both of you have a child(ren) from former marriages, both of you may wish to appoint separate Guardians for your respective children. You may do so. Common selections are adult children, close family members or friends. Name at least one alternate.

Client

- Same individuals as named in the Power of Attorney for Health Care.
- Other: Please complete below.

Spouse/Partner

- Same individuals as named in the Power of Attorney for Health Care.
- Other: Please complete below.

Primary: _____ Primary: _____

First Alternate: _____ First Alternate: _____

Second Alternate: _____ Second Alternate: _____

Third Alternate: _____ Third Alternate: _____

Additional Set of Ancillary Documents

(Provided at additional cost)

If you regularly spend time in two or more states you should have one set of ancillary documents for each state. This set includes: the **Living Will, Durable Power of Attorney for Health Care, Durable Power of Attorney for Assets and the Nomination of Conservator/Guardian.**

List the state or states for which an additional set of vital ancillary documents should be prepared:

Note: If you wish to have different alternates than those listed on the previous pages, please attach a separate page listing them.

If you are ordering **only** a set of Ancillary Documents, and you wish to change the alternates on your Pour-Over Will, you may request a Pour-Over Will be included at no additional charge. **(Note: the Pour-Over Will can only be used in conjunction with a Trust document. It is not a stand-alone Last Will and Testament.)**

Please provide the name and date of your existing trust, and what type of trust you have (i.e. Single A, Married A, Married AB, Married ABC).

Name and Date of Original Trust

Type of Original Trust

CREATION OF YOUR ESTATE PLAN

Do you currently have a Living Trust? Yes No

If no, continue with "Trust Name" section.

If yes, this is: a complete amendment; or
 a partial amendment

Name and date of existing Trust: _____

If Complete Amendment: Include name and date of existing trust (above) and complete the entire workbook through the Document Signing Detail page.

If Partial Amendment: Include name and date of existing trust (above) and complete the appropriate workbook page of the area to be changed in the trust, i.e. Trustee section or Allocation and Distribution section, along with the "Document Signing Detail" section page 16.

Trust Name (for new Trusts only):

Use the standard name for the Trust? Yes No (If no, list preferred name below)

Standard Trust Name Example: The Smith Family Trust, dated January 1, 2013, John Smith and Mary Smith, Trustors and/or Trustees.

Preferred Trust Name: _____

Document Signing Detail

Signing Data:

City: _____ State: _____ County: _____

Signing Date: _____ Trust Situs*: _____

*The state law that controls Trust taxation, construction and interpretation--usually the state where you reside.

Witness Data:

Witness 1 Address: _____

Witness 1 City & State: _____

Witness 2 Address: _____

Witness 2 City & State: _____

Delivery of Documents:

Enter address where final documents are to be shipped.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Note: If the documents are shipped to your advisor, your attorney will receive a full copy of your trust.

TERMS AND AGREEMENTS

You should read this carefully because it defines your relationship with your Attorney, your Advisor and the Estate Planning Source, LLC.

We (or I if an individual), the undersigned clients, are interested in developing an estate plan that will avoid probate, assure our privacy and be capable of being settled relatively quickly.

To accomplish these ends we have chosen to retain _____, a licensed attorney in good standing with the Bar Association of our state.

We understand that the information in this Workbook will be provided to our attorney and to our advisor _____, and that our attorney will then contact us. We understand that our attorney represents only us in this transaction, and only our attorney can give legal advice. We will then discuss with our attorney, either via telephone or in person or both, the information in this Workbook.

We understand that our advisor is independent from our attorney, and that the advisor is also independent from Estate Planning Source, LLC. The advisor does not work for Estate Planning Source, LLC, but an independent affiliate with his or her own firm. We understand that our advisor may have us make a payment to the Estate Planning Source, LLC escrow account for his or her fee. We also understand that any amount paid to Estate Planning Source LLC will be commissioned back to advisor in its entirety once all our documents are prepared and finalized.

Based on the information in this Workbook and our conversations, our attorney will recommend what estate planning documents we should have to accomplish our estate planning goals.

It is our intention to rely solely upon the advice of our attorney as to what estate planning documents we should adopt to accomplish our goals and how those estate-planning documents should read.

We have read the introductory material in this Workbook. We understand that the information in this Workbook will be shared by our advisor, our attorney and the Estate Planning Source, LLC. We understand the Estate Planning Source, LLC is a document fulfillment company and any document preparation of Estate Planning Source, LLC will at all times be under the direct supervision, control and professional oversight of our attorney. We also understand that this information will be kept confidential to the maximum extent allowed by the law. We consent to this arrangement.

We understand that we may cancel this transaction without any penalty or obligation within five (5) business days from the date below by contacting our Attorney by phone and by mailing a written notice of cancellation to the address listed for our attorney on the front cover of this Workbook. We are aware that if we cancel later than five (5) business days from the date below we may be billed for services rendered. We are further aware that no refunds will be made after the documents have been prepared. We also understand that the transfer of assets is our responsibility, though our advisor or attorney may offer to assist us with transferring our assets.

BINDING ARBITRATION AGREEMENT

We acknowledge that neither Estate Planning Source, LLC nor any of its officers, agents, advisors, or independent representatives have ever rendered legal services to us or given us any legal advice.

We agree that should any dispute or cause of action of any nature or description arise between us and Estate Planning Source, LLC or any of its officers, agents, advisors or independent representatives in regard to the documents prepared for us under the direct supervision, control and professional oversight of our attorney, that dispute or cause of action shall be resolved under the laws of the state of Nevada by mandatory binding arbitration conducted in Reno, Nevada under the rules of the American Arbitration Association.

I have read, fully understand and agree to abide by this agreement. Date: _____

Client Name: _____ Client Signature: _____

Client Name: _____ Client Signature: _____

Advisor Signature: _____ Attorney Signature: _____