## Buchalter

## ESTATE PLANNING GUIDE AND QUESTIONNAIRE

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#### **Areas of Practice**

- Estate Planning
- Probate
- · Corporate Law
- Business Law
- Taxation

#### **Bar Admissions**

Admitted to practice in the state of Arizona

#### Education

J.D., California Western School of Law,

B.A., magna cum laude, University of Arizona, Psychology, with honors, Phi Beta Kappa, 1996

#### **Memberships**

- State Bar of Arizona (Probate and Trust Law Section; Business Law Section; Tax Law Section)
- Maricopa County Bar Association
- American Bar Association
- Central Arizona Estate Planning Council (2000-2010)
- Scottsdale Young Estate Planners
- National Estate Planning Conference (Promotions Committee, 2007-2008)
- Junior League of Phoenix
- Arizona Community Foundation (Tax and Legal Seminar Planning Committee and Professional Advisory Board)
- Musical Instrument Museum (Professional Advisory Board)
- American Partnership for Eosinophilic Disorders
- Arizona EOS
- Feeding Matters (Annual Fundraiser Luncheon Table Captain)
- Volunteer Lawyers Program (Volunteer Lawyers Advisory Committee)
- Phoenix Children's Hospital (Beach Ball Committee )
- Society of Financial Service Professionals (Board Member and Chair of Education Committee)
- Current Tax Discussion Group ("CTDG")
- Arizona's Finest Lawyers
- JFCS Professional Leadership Development Program
- Phoenix Children's Hospital Inflammatory Bowel Disease Parent Working Group
- Crohn's and Colitis Foundation
   (Arizona Chapter) Night of Champions
   Gala Planning Committee and 2022
   Co-Chair

#### **ABBIE S. SHINDLER**



Abbie S. Shindler focuses her practice on estate planning, probate, trusts, corporations and business organizations, and business law. Her experience includes the preparation of estate plans, administration of trusts/estates, obtaining appointments of guardians/conservators for adults and minors, formation of corporate entities, obtaining tax exempt status for nonprofit corporations, assisting with corporate transactions, and the preparation of pre-nuptial agreements. She is also a trained mediator.

After law school, Abbie worked for one of the country's largest accounting firms, consulting on estate planning, financial planning and tax compliance work for high net worth individuals. In 1997, she also served as a Judicial Extern to The Hon. Colin Campbell, Former Presiding Judge, Superior Court of Arizona.

Abbie is listed as one of Arizona's Finest Lawyers and she also serves as a mentor to law students through Arizona's Finest Lawyer's/ASU Mentor Program. Abbie serves on the Professional Advisory Board of the Arizona Community Foundation and also serves on their Tax and Legal Senior Planning Committee. She is a member of the Phoenix Children's Hospital Beach Ball Committee and serves on the Honor Health Financial Advisory Council.

### BUCHALTER, A PROFESSIONAL CORPORATION ESTATE PLANNING GUIDE

#### What is Estate Planning?

In the simplest terms, estate planning is a process that, at a minimum, allows you to:

- 1) Choose what happens to your property and other assets after you're gone, and
- 2) Specify your medical and healthcare wishes so that your directions are followed while you're still living.

There is a common misconception that only the wealthy have estate plans. The truth is that everybody—individuals, married couples, domestic partners, parents and business owners alike—could benefit from some form of estate planning. And yet, it is estimated that only 19 percent of adults in the United States have an estate plan in place.

#### **Estate Planning Fundamentals**

In this booklet, you'll learn about the most common and powerful estate planning tools available to you. This includes:

- Last Will & Testament
- Revocable Living Trust
- Living Will/Health Care Power of Attorney
- Durable Financial Power of Attorney
- Mental Health Care Power of Attorney

In addition, you'll discover what type of estate planning instrument may be most appropriate for your situation. You'll also find out how much you can expect to pay to have a professional prepare your estate plan.

If you have questions about the information provided in this booklet, please contact Abbie Shindler at 480.383.1816 or ashindler@buchalter.com.

#### **ESTATE PLANNING GUIDE**

#### **Last Will & Testament**

A Last Will and Testament ("Will") is a written document that says how you want your property and assets distributed following your death. In it, you:

- Identify the person you've assigned to manage your estate's probate (called your Personal Representative)
- Identify your heirs
- Name guardians for your minor children, if applicable
- Specify how to pay taxes and debts
- Make charitable gifts
- Describe how you want what's left of your estate to be distributed to your loved ones

#### **Probate Process**

Your Will must go through probate, which is a legal process administered by a state court representative to carry out the wishes in your Will. The probate process includes the following steps:

- Appointing your Personal Representative(s)
- Giving notice to heirs/beneficiaries
- Giving notice to creditors
- Valuing property
- Valuing other estate assets
- Preparing tax returns
- Paying taxes
- Preparing accounting for the estate
- Distributing your estate's final assets to your beneficiaries

A probate may have advantages when creditors are involved. Arizona requires a four month period during which creditors can assert claims against the estate. Creditors who fail to file claims within this timeframe are barred from further action—leaving more money in your estate.

#### **ESTATE PLANNING GUIDE**

In Arizona, for relatively small estates, an affidavit may be used to collect assets and avoid the full probate process.

#### Will Challenges

During probate, a Will can be contested in two ways. First, a person can claim the deceased was incompetent and did not have the mental capacity to execute the Will. Second, a person can claim undue influence—an allegation that the deceased was unfairly influenced or coerced into executing the Will in a certain way.

When a Will is contested, it is often expensive and vicious. The best thing, of course, is to avoid Will challenges in the first place. The use of videotapes, audiotapes, and witnesses (for example, doctors attesting that the person executing the Will is of sound mind) can help mitigate these challenges.

#### **Common Misconceptions about Wills**

#### Misconception #1: Probate doesn't cost much.

Not true. Probate is often expensive because you have to hire attorneys, CPAs, appraisers and other professionals to help you during the probate process—and all these cost money. For example, it is common for an attorney to charge a minimum of \$3,000 to probate a Will. Worse, if a Will is contested, the costs can skyrocket. A probate often costs much more than having an estate plan prepared.

#### Misconception #2: Probate only takes a few weeks.

Not true. The law requires the probate process to go on for four months in order to give creditors time to file claims against the estate. In Arizona, although the probate process usually takes a minimum of four months, it is quite common for it to take one year or longer. In extreme cases, it can take decades. For example, famed billionaire Howard Hughes' estate took years to settle.

#### Misconception #3: A Will provides tax protection.

No, a Will has absolutely no effect on your taxes. Only a Living Trust (discussed later) offers tax savings for married couples.

#### Misconception #4: A Will is private.

No, it's not. You already learned that a Will must go through probate. Because probate is a court process, this means all the details of your estate, including information about your assets, becomes public record. Whatever your reasons, you may decide you don't want this information to be made public.

#### **ESTATE PLANNING GUIDE**

#### Misconception #5: All your real property can be handled through the same probate.

This is only true if your real estate holdings (such as primary residence, investment properties and vacation homes) are located in the same state; otherwise, there must be a separate probate in each state. Depending on the state, an affidavit may be accepted to transfer real/personal property if a probate has already commenced in another state.

#### Misconception #6: A Will only involves the cost of drawing up the documents.

Not true. What's true is that compared to other alternatives, a Will is relatively inexpensive to establish in terms of up-front costs. However, because your estate must go through probate, you should also consider the back-end costs associated with a Will. Therefore, the total expense of a Will is the cost of preparing the Will initially plus the anticipated costs of probating the estate (including attorney's fees and other assessments on the estate).

#### **ESTATE PLANNING GUIDE**

#### **Revocable Living Trust**

A Revocable Living Trust is a trust you set up while you're alive that describes in detail what you want to happen to your estate upon your death. It addresses all the same important issues as a Will does so you can be assured that your estate will be handled according to your wishes after you're gone. It is referred to as a revocable living trust because you, at any time during your life, can alter, amend or even revoke it entirely.

When funded properly, a Living Trust avoids probate. For this reason, many people, especially those who are married, have children and own real estate, choose this type of estate planning instrument. However, your Living Trust only works as designed if you transfer all your assets into it. This would include the deed to your home, your car(s), boats, vacation homes, and all other real/personal property. Anything you forget to transfer into the trust would be outside the protection of the trust, and if it exceeds a threshold account, would therefore be subject to probate—the very thing you were seeking to avoid in the first place! Because most people continue to accrue assets even after the trust is set up, it is important that you update your trust regularly or at least every time you make a major purchase or refinance any real property.

#### **Components of a Trust**

There are three main parties that must be named and included in a Living Trust.

- 1. <u>Grantor</u>: This is the person setting up the trust (also called settler or trustor). This person (or persons, in the case of a married couple) remains in control of the trust until his/her death or incapacity.
- 2. <u>Trustee</u>: Initially, you, the grantor, will also likely serve as your trust's trustee. You will also name one or more "successor trustees"—a person(s) who is assigned by you to control and manage all the assets held in your trust upon your death or incapacity. Your trust should clearly define "incapacity;" for example, your trust could stipulate that two physicians must certify in writing that you are no longer competent to handle your own affairs. Because a trust is not normally overseen by a court or other party, you should be cautious when choosing your trustee. As the name suggests, you should have complete trust in this person to make sure your estate is handled according to your wishes. If you choose, you can draft your trust to include some level of independent oversight.
- 3. <u>Beneficiary</u>: This is the person or persons who inherit your estate. Because a trust, if properly funded, avoids probate and therefore won't be tied up in court, your assets will be available through your successor trustee to benefit your loved ones immediately.

#### **ESTATE PLANNING GUIDE**

#### **Benefits of a Living Trust**

- Avoids probate (if all of your assets are properly transferred into the trust).
- Keeps the details of your estate private.
- Helps lower or eliminate federal estate taxes. (Currently, Arizona does not have any estate taxes.)
- Offers additional tax benefits to married couples.
- Prevents the interruption of your assets flowing to your beneficiaries.
- Reduces the chances of Will challenges.
- Provides for more control over the distribution of your assets for an extended period time (i.e., you can parcel out your assets over time or designate that your beneficiaries receive certain amounts at predetermined intervals).
- Costs less to set up and administer than to commence a probate.
- Avoids conservator proceedings if you have minor children.
- Assigns someone of your choosing to manage your assets upon your death and also determine what to do if you become incapacitated.

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#### Will vs. Trusts Quiz

This brief quiz will help you determine what estate planning instrument—either a Last Will & Testament or a Revocable Living Trust—is most appropriate for you.

Are you married?	Υ	Ν
Do you have minor children?	Υ	Ν
Do you own property in Arizona?	Υ	Ν
Do you own property in another state (vacation home/time share)?	Υ	Ν
Do you have a business interest (ownership or investment)?	Υ	Ν
Are your assets valued at more than \$75,000?	Υ	Ν

#### **Answer Key:**

If you answered "yes" to one or more questions, you are likely a good candidate for a Living Trust.

If you answered "no" to these questions, it is likely that a simple Last Will & Testament (without a Living Trust) would be sufficient.

To determine whether a Living Trust or a Last Will & Testament is right for you, please contact an estate planning professional to discuss your specific situation.

#### **ESTATE PLANNING GUIDE**

#### **Living Will**

Remember the case involving Terry Schiavo? After suffering cardiac arrest and brain damage in 1990, Schiavo deteriorated into a persistent vegetative state (PVS) with little hope of recovery. In 1998, Schiavo's husband, Michael, filed a petition to remove Schiavo's feeding tube, which her parents opposed. This sparked a seven year legal battle that eventually gained wide spread media attention. Ultimately, on March 24, 2005, Michael's petition was granted and Schiavo's feeding tube was removed. She died seven days later.

None of this would have happened if Terry Schiavo had a Living Will and a Durable Health Care Power of Attorney in place before her initial illness that spelled out whether she wanted to be kept on life support indefinitely or wanted to be removed from any life-sustaining devices. These simple documents could have saved her husband and parents years of legal fighting and ongoing heartache.

Have you thought about the kind of care you want to receive in the event you're ever in a serious accident or became ill?

#### The Power to Choose

A Living Will (not to be mistaken with a Last Will and Testament) is a legal document that governs your health care and medical wishes. In it, you choose how you want to leave this world: whether you want doctors to do whatever it takes to keep you alive, whether you want medication to keep you pain-free, whether you want to be disconnected from life support if in a coma, or whether you want something in between.

This document can be as detailed as you want it to be. You can even make your medical care dependent upon specific circumstances. For example, if you are otherwise healthy when a debilitating illness occurs, you can specify that you want to be resuscitated if doctors conclude that you're likely to make a full recovery. Or, you can state that you want to be removed from life support if you fall into a vegetative state lasting more than one month. Again, this gives you the power to choose.

#### Two Problems with a Living Will

Although it is a powerful legal document, a Living Will has some limitations. The first is that this instrument was initially created to address the medical wishes of terminal patients. However, there are many situations that might not involve a terminal condition where you would want to make sure someone was empowered to carry out your wishes.

The second limitation is that a Living Will does not expressly assign someone you trust to act on your behalf. A Durable Health Care Power of Attorney and a Durable Mental Health Care Power of Attorney (discussed next) solves these issues.

#### **ESTATE PLANNING GUIDE**

#### **Durable Health Care Power of Attorney**

Designed to work in conjunction with a Living Will, a Durable Health Care Power of Attorney is a legal document that names a specific person to act as your guardian and to make medical decisions on your behalf, particularly when you are unable to do so yourself. In Arizona, a loved one (spouse, parent, child, friend, etc.) cannot make decisions about your healthcare needs unless that person is designated as your legal guardian. If you didn't have a medical power of attorney in place, a court would have to appoint a guardian for you, which is a fairly expensive and time-consuming process.

As with your Living Will, you can make your Durable Health Care Power of Attorney dependent on the circumstances. Under certain circumstances, you might permit your guardian to make decisions while you are still of sound mind. For example, if you are physically disabled, you could allow your designated guardian to visit several assisted living facilities or nursing homes and choose one for you based on your requirements.

In most cases, however, you'll likely specify that the person named as your guardian (also called a surrogate) can only make medical decisions on your behalf if you are incapacitated and cannot make those decisions for yourself. This is called "springing power" because your guardian's power to choose for you springs into effect only once you're unable to make your own decisions.

#### Your Guardian's Powers

Your guardian will be empowered to provide health care professionals with directions and guidance on the following issues affecting you:

- Medical treatment
- Surgery
- Diagnostic procedures
- Life support
- Comfort care
- Do Not Resuscitate (DNR) orders

Given how stressful it can be to make these decisions, you want to make it as easy as possible for your guardian to follow your wishes. That's why it is crucial that you plainly state in your Living Will what level of medical intervention or treatment you want in the event of illness, accident or other circumstance.

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#### **Proper Preparation Crucial**

It is important that your Medical Power of Attorney is carefully drafted. If not prepared properly, it may only apply in limited situations when you actually intended for it to cover a broader range of circumstances. Further, an improperly worded document can expire just when it is needed. In addition, if your Living Will and Health Care Power of Attorney are separate documents, you may want to write your power of attorney so that it overrides your Living Will.

#### **Living Will/Medical Power of Attorney Tips**

- Choose your named guardian carefully. You should have complete trust in this person to carry out your wishes and preferences.
- Talk with your physician and make sure he/she agrees to honor your wishes according to Arizona law. Make sure your doctor has a copy of your Living Will and Power of Attorney in your medical file.
- Present a copy of these documents each and every time you enter a hospital.
- Send a copy of your documents to any hospital that you might be taken to in the
  event of an emergency. According to Arizona law, a hospital must start a file on
  you even if you have never been a patient there before.
- Review, initial and date your Power of Attorney document each year to reinforce that the document still reflects your wishes.

#### **Durable Mental Health Care Power of Attorney**

A Durable Mental Health Care Power of Attorney gives you a chance to plan for a mental health crisis at a time when you are of sound mind.

In Arizona, while a Durable Health Care Power of Attorney gives your appointed agent authority to handle all medical issues, it doesn't give your agent authority to make decisions related to your mental health. You don't need to have a history of mental illness to warrant having a Durable Mental Care Power of Attorney in place; it covers treatment for something as simple as a medication interaction that dramatically affects your mood or behavior to behavioral issued related to Alzheimer's disease and other forms of dementia. Without this power of attorney, if behavioral health treatment is required and you're unable or unwilling to accept treatment, the only other option is for someone to pursue an emergency guardianship with the court, a time-consuming and costly option.

This document is as critical for all Arizonans, regardless of age or health status, to have in your portfolio as are healthcare and financial powers of attorney.

#### **ESTATE PLANNING GUIDE**

#### **Durable Financial Power of Attorney**

A Durable Financial Power of Attorney gives you the ability to appoint someone you trust (called your agent or attorney-in-fact) to handle your financial affairs. You can specify when and under what circumstances you want this document to become effective. In most cases, you will likely specify that the power of attorney activates only if you become incapacitated and are unable to make decisions for yourself. This is how we usually set up this document and it is what we recommend for most clients.

You can also make the power of attorney effective immediately, allowing your appointed agent to make decisions for you even while you're still competent—but you should exercise extreme caution and discuss your reasons with an attorney before entering into this type of agreement.

The word "durable" is very important here. This word plus whatever language you include in the document is what keeps the power of attorney viable even if your condition changes—i.e., if you become disabled or incapacitated. Without this terminology, this document could cease to be effective just when you and your loved ones need it the most.

#### **Tips for Using This Instrument**

- Choose someone you trust to serve as your appointed agent because this person will have control over your finances once the power of attorney goes into effect.
- Make sure to clearly define "incapacity" and consider having one or more doctors determine if you are incapacitated before allowing your agent to proceed.
- Keep the original document in your possession and tell your appointed agent where it is.

#### **Benefits of This Document**

- Allows someone you trust to handle your financial affairs when you're no longer able to.
- Avoids the cost and delay of having a court appoint someone to manage your finances.
- Gives you the ability to make your agent's power "durable" while also making it dependent upon certain circumstances.

#### **ESTATE PLANNING GUIDE**

#### **Final Thoughts on Estate Planning**

One of the best gifts you can give yourself is to protect your family and your estate with a comprehensive estate plan. Despite the many benefits of having a trust, will and/or other legal instruments in place, many people put off creating an estate plan—often leading to unfortunate consequences that can affect you and your loved ones both before and after you're gone. Your reasons for procrastinating may include:

- Not wanting to face your own mortality. Estate planning requires you to make plans for both your incapacity and/or death—painful subjects that you may want to avoid. You may also be thinking, "I'm young, healthy and won't have to think about my death for a long time, so I'll deal with estate planning later." From my experience, far more pain and heartache results from failing to create an estate plan than from acting now.
- Being overwhelmed by the very thought of estate planning. It's true that estate planning is a complex subject with many moving parts. You'll want to hire a competent, trustworthy estate planning professional to help you figure out a plan that addresses your particular situation and needs. In doing so, you'll likely experience relief and comfort knowing that you and your family are protected.
- The cost of estate planning. Hiring an experienced estate planning attorney to make sure your wishes are spelled out in a comprehensive estate plan isn't cheap; however, it is far more costly not to have an estate plan in place. Consider the attorneys' fees associated with things like commencing probate (\$3,000+), appointing guardians and/or conservators (\$3,000+), obtaining court orders (\$2,000+), and other issues. For an estate plan prepared by a professional attorney, you can expect to pay \$750-\$5,000. Your total cost will depend on the type of legal instrument you choose as well as your specific circumstances. In the grand scheme of things, this is a small price to pay for the peace of mind you'll receive in return.

#### Estate Planning Costs\*

#### Simple Will Package includes:

- Last Will and Testament;
- Tangible Personal Property List;
- Living Will/Health Care Power of Attorney;
- Mental Health Care Power of Attorney; and
- Durable Financial Power of Attorney.

#### Fees:

- Single Person \$2,500
- Married Couple \$3,500

Fees include preparation of all of the above documents, two meetings with attorney Abbie Shindler, either in person or by conference call, and an estate planning portfolio in which you can store your documents. Electronic copies are included.

#### **Living Trust Package** includes:

- Pour-Over Last Will and Testament;
- Tangible Personal Property List;
- Revocable Living Trust or Restated Trust;
- Certification of Trust Existence;
- Warranty Deed to transfer your real property to trust;
- Assignment of business interest (if applicable);
- Assignment to transfer tangible personal property to trust;
- Durable Financial Power of Attorney;
- Living Will/Health Care Power of Attorney;
- Mental Health Care Power of Attorney;
- Funding Memorandum to use as a guide to transfer assets to trust.

#### Fees:

- Single Person \$4,500
- Married Couple \$5,500

<sup>\*</sup> The above-listed fees are an estimate only and each individual will be evaluated on a case-by-case basis.

Fees include preparation of all referenced documents, two meetings with attorney Abbie Shindler, either in person or by conference call, and an estate planning portfolio in which you can store your documents. Electronic copies are included.

#### **Estate Planning Guide**

**Disclosure Under Federal Tax Law (Circular 230):** (1) This communication was not intended or written to be used, and cannot be used or relied upon, by you or anyone else for the purpose of avoiding penalties that may be imposed under federal tax law, (2) any written statement contained in this communication relating to any federal tax transaction, if any, may not be used by any person to support the promotion or marketing of or to recommend any federal tax transactions(s), if any, addressed in this communication, and (3) you should seek advice based on your particular circumstances from an independent tax advisor with respect to any federal tax transaction, if any, contained in this communication.

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#### **CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

#### Congratulations!

Developing an effective estate plan depends on the presence of two factors: 1) a professional with the legal expertise to execute your estate plan and 2) this person's knowledge of all the relevant facts and circumstances concerning you and your family.

This questionnaire is designed to help you gather the necessary information and determine your goals. The information you'll provide here is essential for the planning of your estate and will be held in confidence. Please complete Steps 1 through 10.

When finished, please send your questionnaire to Abbie S. Shindler, estate planning attorney, using one of the options below:

Mail: Abbie S. Shindler

Buchalter, A Professional Corporation 15279 N. Scottsdale Road, Suite 400

Scottsdale, AZ 85254-1754

Phone: 480.383.1816 Fax: 480.824.9400

Email: ashindler@buchalter.com

After that, please call Abbie S. Shindler to schedule an appointment to discuss your estate plan in more detail. You can reach Abbie at 480.383.1816.

Looking forward to working with you!

#### **STEP 1: ABOUT YOU**

In this section, please write all names EXACTLY as you want them to appear in your legal documents. Please type or print all information. If you need more space, add pages. Do not leave any spaces blank. If a certain section does not apply to you, write "N/A" in that area.

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SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable):  SOCIAL SECURITY #:  ADDRESS:  CITY:  PHONE #: HOME:  OCCUPATION:  (Or list former BUSINESS ADDRESS:  CITY:  E-MAIL ADDRESS:  PREFERRED MEANS OF COMM	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:	egal documents.)  COUNTY: CELL: COUNTY:
SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable):  SOCIAL SECURITY #:  ADDRESS:  CITY:  PHONE #: HOME:  OCCUPATION:  (Or list former BUSINESS ADDRESS:  CITY:  E-MAIL ADDRESS:	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:	egal documents.)  COUNTY: CELL: COUNTY:
SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable): SOCIAL SECURITY #: ADDRESS: CITY: PHONE #: HOME: OCCUPATION: (Or list former BUSINESS ADDRESS: CITY: E-MAIL ADDRESS: PREFERRED MEANS OF COMM  ARE YOU A U.S. CITIZEN: Ye	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:  ZIP:  EMAIL □ RE  RY OF CITIZENSHIP:	egal documents.)  COUNTY:  CELL:  COUNTY:  EGULAR MAIL
SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable):  SOCIAL SECURITY #:  ADDRESS:  CITY:  PHONE #: HOME:  OCCUPATION:  (Or list former BUSINESS ADDRESS:  CITY:  E-MAIL ADDRESS:  PREFERRED MEANS OF COMM	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:  ZIP:  EMAIL □ RE  RY OF CITIZENSHIP:	egal documents.)  COUNTY:  CELL:  COUNTY:  EGULAR MAIL
SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable): SOCIAL SECURITY #: ADDRESS: CITY: PHONE #: HOME: OCCUPATION: (Or list former BUSINESS ADDRESS: CITY: E-MAIL ADDRESS: PREFERRED MEANS OF COMM  ARE YOU A U.S. CITIZEN: Ye	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:  ZIP:  EMAIL □ RE  RY OF CITIZENSHIP:	egal documents.)  COUNTY:  CELL:  COUNTY:  EGULAR MAIL
SPOUSE #2: FULL LEGAL NAME  NICKNAME (if applicable): SOCIAL SECURITY #: ADDRESS: CITY: PHONE #: HOME: OCCUPATION: (Or list former BUSINESS ADDRESS: CITY: E-MAIL ADDRESS: PREFERRED MEANS OF COMM  ARE YOU A U.S. CITIZEN: □ Ye DO YOU CURRENTLY HAVE A T	CLAST) (Note: Full le	(FIRST)  gal name will be used on all li  BIRTH DATE: _  ZIP:  K:  EMPLOYER:  ired □)  ZIP:  EMAIL □ RE  RY OF CITIZENSHIP:  IF YES, PLEASE GIVE	egal documents.)  COUNTY:  CELL:  COUNTY:  EGULAR MAIL

Buchalter, A Professional Corporation, Confidential Estate Planning Questionnaire BN 38402888v2

#### **STEP 2: CHILDREN & BENEFICIARIES**

**ALL CHILDREN:** Please list living children (minors or adults) and addresses for each. If you need more space, attach additional pages. Legally adopted children are considered the same as your natural born children. Even if you wish to exclude a child, the child must be listed. We will exclude any child you request later in this form. If you have no children, write "NONE."

#### Names of Living Children of CURRENT Marriage (or of Single Person):

Full Names of Children Address, City and State	Gender M/F	Birth Date & Age	Marital Status (M/S/D)	# of Children	Benef	iciary?
1.					□ Y	□ N
2.					□ Y	□ N
3.					□ Y	□ N
4.					□ Υ	□ N
5.					□Υ	□N
Do any of your children have Spec	ial Needs?	? If so, please	list name(	s) and brie	fly expla	in:

#### Names of Children of a **PREVIOUS** Marriage:

Full Names of Children Address, City and State	Gender M/F	Child of H or W	Birth Date & Age	Marital Status (M/S/D)	# of Children	Benefi	ciary?
1.						□ Y	□N
2.						□Υ	□N
3.						□Υ	□N
4.						□ Y	□ N
GUARDIAN FOR MINOR CH					•	•	

**GUARDIAN FOR MINOR CHILDREN**: If any of your children are now under age 18, please name a guardian for them. The natural parent has the "first right" to the children. But, if both natural parents have died, a guardian must be appointed for the minor children. List one or more persons to be the guardian of your minor children. This may be the same person you choose as your successor trustee. If you have no minor children, write "NONE."\*

#### PRIMARY GUARDIAN FOR MINOR CHILDREN:

FULL LEGAL NAME:			
	(LAST)	(FIRST)	(MIDDLE)
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE #: HOME:		WORK:	CELL:
SUCCESSOR GUAR			
FULL LEGAL NAME: _			
	(LAST)		(MIDDLE)
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE #: HOME:		WORK:	CELL:
RELATIONSHIP TO YOU	J: ———		
*If any of the above i	ndividuals are to serv	e as co-guardians (e.g	. married couple), if one

Other Beneficiaries:					
Full Name of Beneficiary, Address, City and State	Gender	Birth Date & Age	Marital Status (M/S/D)	# of Children	Percentage of Assets to inherit
1.					
2.					
3.					
4.					
5.					
6.					
If you want to specifically EXCI	I UDE anvo	ne from being	included in vo	our estate p	lan. list them
here:					
NAME	RELATION	NSHIP	ADDRI	ESS	

**Names of Deceased Children:** If any of your children are deceased, please list name, date of birth and date of death. If you have no deceased children, write "NONE".

#### STEP 3: YOUR SUCCESSOR TRUSTEE OR PERSONAL REPRESENTATIVE

After you (or if married, after both spouses) have passed away, someone must be appointed to pay your debts and deliver your assets to the people you direct to receive those assets.

With a Will, this person is called the Personal Representative or Executor. In a Living Trust, this person is called the Successor Trustee. Spouses are generally co-trustees of their Living Trust. When one spouse dies, the surviving spouse continues on as the sole trustee. When the surviving spouse dies, the Successor Trustee takes over. As soon as the job is done, the Living Trust ends.

Who do you want to be your Successor Trustee of your Trust or the Personal Representative of your Will? You may name co-successor trustees, although this is not usually recommended. Do you have an existing Trust? If yes, please provide trust name and date\_\_\_\_\_\_.

FULLLEGALN	JAME:				
	····-	(LAST)		(FIRST)	(MIDDLE)
ADDRESS: _					
CITY:		STATE:		ZIP:	COUNTY:
PHONE #:	HOME:		WORK:		CELL:
RELATIONSHI	P TO YOU:				

In case the person you just selected is not available, please name an ALTERNATE SUCCESSOR TRUSTEE:

#### **ALTERNATE SUCCESSOR TRUSTEE:**

PRIMARY SUCCESSOR TRUSTEE:

FULL LEGAL NAME:					
	(LAST)		(FIRST)	(MIDDLE)	
ADDRESS:					
CITY:				COUNTY:	
PHONE #: HOME:		WORK: _		CELL:	
RELATIONSHIP TO YOU: _					

#### **STEP 4: HEALTH CARE AGENT**

If you cannot make medical decisions for yourself, someone must make them for you. Please name the people you want to make medical decisions for you if you are unable to do so. (Your attending physician or medical plan cannot be your health care agent.) **Select only one person in each blank.** 

MARRIED COUPLES: Under the documents, <u>we will name your spouse as the primary health</u> <u>care agent</u>. If your spouse is not able to act (same accident, for example) we need to know the names of two alternative agents who can make medical decisions for you.

#### For Spouse #1: ALTERNATE HEALTH CARE AGENT #1 (other than spouse):

FULL LEGAL NAME:				
	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:	STATE: _		ZIP:	COUNTY:
PHONE #: HOME:		_ WORK: _		CELL:
RELATIONSHIP TO YOU:				
or Spouse #1: ALTERN	ATE HEALTH	CARE AGEN	IT #2:	
FULL LEGAL NAME:				
	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:	STATE:		ZIP:	COUNTY:
PHONE #: HOME:		_ WORK: _		_ CELL:
RELATIONSHIP TO YOU:	NATE HEALTH			
FOR Spouse #2: ALTERN	(LAST)	CARE AGE	NT #1 (other t	
FOR Spouse #2: ALTERN FULL LEGAL NAME:	(LAST)	CARE AGEI	NT #1 (other t	han spouse): (MIDDLE)
F <u>or Spouse #2</u> : ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:	(LAST)  STATE:	CARE AGE	(FIRST)  ZIP:	han spouse):  (MIDDLE)  COUNTY:
FOR Spouse #2: ALTERN FULL LEGAL NAME:	(LAST)  STATE:	CARE AGE	(FIRST)  ZIP:	han spouse):  (MIDDLE)  COUNTY:
F <u>or Spouse #2</u> : ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:	(LAST)  STATE:	CARE AGEI	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY: CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:	(LAST) STATE:	WORK:	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY: CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:	(LAST) STATE:	WORK:	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY: CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:	(LAST)  STATE:  NATE HEALTH	WORK:	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY: CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:  FOR Spouse #2: ALTERN	(LAST)  STATE:  NATE HEALTH	WORK:	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY: CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:  FOR Spouse #2: ALTERN	(LAST)  STATE:  NATE HEALTH  (LAST)	CARE AGEI	NT #1 (other t	han spouse):  (MIDDLE)  COUNTY:  CELL:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:  FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:	(LAST)  STATE:  NATE HEALTH  (LAST)	CARE AGEI	VT #1 (other to (FIRST)  ZIP:  NT #2: (FIRST)	han spouse):  (MIDDLE)  COUNTY: CELL: (MIDDLE)
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:  FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:	STATE:	CARE AGEI	NT #1 (other to (FIRST)  ZIP:  NT #2: (FIRST)  ZIP:	han spouse):  (MIDDLE)  COUNTY:  CELL:  (MIDDLE)  COUNTY:
FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:  CITY:  PHONE #: HOME:  RELATIONSHIP TO YOU:  FOR Spouse #2: ALTERN  FULL LEGAL NAME:  ADDRESS:	NATE HEALTH  (LAST)  STATE:  NATE HEALTH  (LAST)  STATE:	CARE AGEI	NT #1 (other to (FIRST)  ZIP:  NT #2: (FIRST)  ZIP:	(MIDDLE)  (MIDDLE)  COUNTY:  (MIDDLE)  COUNTY:  COUNTY:

**SINGLE PERSON**: Please list the person (along with two alternates) you want to make health care decisions for you.

#### **PRIMARY HEALTH CARE AGENT:**

FULL LEGAL NAME:				
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS:				
			COUNTY:	
			CELL:	
ALTERNATE HEALTH	CARE AGENT #	1:		
FULL LEGAL NAME:				
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS:				
CITY:	STATE: _	ZIP:	COUNTY:	
PHONE #: HOME:		_ WORK:	CELL:	
RELATIONSHIP TO YOU:				
ALTERNATE HEALTH	CARE AGENT #	2.		
ALILINIA IL IILALIII	OANE ACENT #	۷.		
FULL LEGAL NAME:				
	(LAST)	(FIRST)	(MIDDLE)	
ADDRESS:				
CITY:	STATE: _	ZIP:	COUNTY:	
PHONE #: HOME: _		WORK:	CELL:	
RELATIONSHIP TO YOU:				

#### STEP 5: DURABLE FINANCIAL POWER OF ATTORNEY

If you cannot make decisions about your finances for yourself, someone must make them for you. Please name the people you want to handle your financial decisions for you if you are unable to do so. **Select only one person in each blank**.

**MARRIED COUPLES:** Under the documents, we will name your spouse as your primary durable financial power of attorney. If your spouse is not able to act (same accident, for example) we need to know the names of two alternate persons who can make financial decisions for you.

#### For Spouse #1: ALTERNATE POWER OF ATTORNEY # 1 (other than spouse):

FULL LEGAL NAME:				
	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:	STATE: _		ZIP:	COUNTY:
PHONE #: HOME:		WORK:		CELL:
RELATIONSHIP TO YOU:				
For Spouse #1: ALTERNA	ATE POWER	OF ATTORN	EY # 2:	
FULL LEGAL NAME:				
	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:	STATE: _		ZIP:	COUNTY:
PHONE #: HOME:		WORK:		CELL:
RELATIONSHIP TO YOU:				
FULL LEGAL NAME:	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:			ZIP:	COUNTY:
PHONE #: HOME:		WORK:		CELL:
RELATIONSHIP TO YOU:				
For Spouse #2: ALTERN	ATE POWER	OF ATTORN	EY#2:	
FULL LEGAL NAME:				
	(LAST)		(FIRST)	(MIDDLE)
ADDRESS:				
CITY:	STATE:		ZIP:	COUNTY:
PHONE #: HOME:		WORK:		CELL:
RELATIONSHIP TO YOU:				

**SINGLE PERSON**: Please list the person (along with two alternates) you want to make financial decisions for you.

#### PRIMARY POWER OF ATTORNEY:

CITY: STATE: ZIP: COUNTY: PHONE #: HOME: WORK: CELL: RELATIONSHIP TO YOU:  ALTERNATE POWER OF ATTORNEY # 1:  FULL LEGAL NAME: (LAST) (FIRST) (MIDDLE)
PHONE #: HOME: WORK: CELL:  RELATIONSHIP TO YOU:  ALTERNATE POWER OF ATTORNEY # 1:  FULL LEGAL NAME:
CITY: STATE: ZIP: COUNTY: PHONE #: HOME: WORK: CELL: RELATIONSHIP TO YOU:   ALTERNATE POWER OF ATTORNEY # 1:   FULL LEGAL NAME: (LAST) (FIRST) (MIDDLE)
RELATIONSHIP TO YOU:  ALTERNATE POWER OF ATTORNEY # 1:  FULL LEGAL NAME:
(LAST) (FIRST) (MIDDLE)
ALTERNATE POWER OF ATTORNEY # 1:  FULL LEGAL NAME: (FIRST) (MIDDLE)
FULL LEGAL NAME:
FULL LEGAL NAME:
(LAST) (FIRST) (MIDDLE)
(LAST) (FIRST) (MIDDLE)
ADDRESS.
ADDRESS
CITY: STATE: ZIP: COUNTY:
PHONE #: HOME: WORK: CELL:
RELATIONSHIP TO YOU:

#### STEP 6: DISTRIBUTION OF ASSETS

A primary objective of an estate plan is to pass your assets to the people you want to receive them after your death. This section helps you specify how you want your assets to be distributed.

**SPECIFIC GIFTS.** If you want to give specific items to specific people, you can do that in your Will and/or Living Trust. This is done on a tangible personal property list referred to in your estate planning documents. You may also change or delete items or people on your list at any time. How this is done will be clearly explained when you receive your documents.

**DISTRIBUTION ALLOCATION:** After <u>YOU</u> (or if married, after both spouses) have passed away AND after excluding anyone you want excluded AND after the specific items listed on your Personal Property list (if any) are distributed to those people in your Plan, WHO SHOULD RECEIVE YOUR REMAINING ASSETS?

Check Option A, Option B, or Option C to designate who you want to receive your assets. If you need more space, attach additional pages. OPTION A: Divide the assets into equal shares—one share to each of your children (or named beneficiaries listed on page 5 as "Other Beneficiaries"). If any child of yours (or beneficiary) has already passed away or passes away in the future, before your estate is distributed, that child's share will go to that child's children (your grandchildren) (or that beneficiary's children). If your children or grandchildren (or beneficiaries) are minors, at what age are they to receive their share (e.g., 1/3 at age 25, 1/2 at age 30, & balance at age 35)? Age(s):\_\_\_ **OPTION B:** Divide the assets into shares—to be distributed to beneficiaries who are not your children. List the desired percentage of assets to be distributed next to each person's name under Step 2, page 4. If children are minors, at what age are they to receive their share (e.g., 1/3 at age 25, 1/2 at age 30, & balance at age 35)? Age(s): **OPTION C:** Divide the assets into unequal shares. (List the percentage next to each person's name where they are listed as beneficiaries under Step 2, page 4). If any are minors, at what age are they to receive their share (e.g., 1/3 at age 25, 1/2 at age 30, & balance at age 35)? Age(s): If all of your beneficiaries do not survive you, please check one: Trust assets should be distributed to \_\_\_\_\_\_ charity(ies); and/or Trust assets should be distributed to my closest relatives who are living at the time of my death.

#### STEP7: ASSETS & LIABILITIES

**ASSETS:** Please describe your assets in detail, providing information about who owns each asset, cost, date acquired and today's value. For owner section, use SP1 or SP2 for spouses, the letter C for community, or the letter J for joint.

(Please attach additional pages if needed)

Asset Type	Institution Name	Current Owner (SP1, SP2, C or J)	Today's Approximate Value
Checking/Savings Accounts & Cash			
Business Interests (see Step 8)			
Personal Effects			
Jewelry			
Artwork and Collections			
Household Furnishings			
Cars, Boats & Trailers			
Securities: Stocks, Bonds, Mutual Funds (please note if tax-exempt)			
Retirement Plans			
Primary Residence			
Other Real Estate (e.g., timeshare, rental property, etc.)			
Life Insurance (death benefit)			
Long-Term Care Insurance (list spouses policies separately)			
Disability Insurance			
Medicaid Supplement			
Approximate Net Worth			\$

FOR	COUPLES:	After the	Trust has b	been formed	, will either	of you ho	old certain	assets as
sepa	rate property	? If so, ple	ease identify	y the separa	te property	and the n	ame of the	person it
belor	ngs to:							

PERSONAL LIABILITIES: Pleas	se list the amount of any de	bts you currently hold.			
Mortgages:					
Loans:		_			
Other Long Term Debt:		_			
Personal Guarantee of Busines	ss Debt:				
STEP 8: BUSINESS IN	ITERESTS				
Please attach additional page, it	f needed)				
f you are a business owner or ha	ave an ownership interest ir	n a business, please complete:			
Business Name:					
Address:					
Nature of Business:	ture of Business: Phone:				
Owner(s) & Percentage Owned:					
Type of Entity (sole proprietor, part	tnership, LLC, corporation ("S-	·Corp" or "C-Corp"?), etc.):			
State business formed in:					
Estimate of Value:	Fiscal Year:	Date Started:			
Retirement Plans/Type:	ement Plans/Type: Goals/Prospects:				
STEP 9: DOCUMENTA	ATION				
Addross:	· · · · · · · · · · · · · · · · · · ·				
Phone #:	L mail Address				
NAME OF ACCOUNTANT (if appli	icable):				
Company:					
Address:					
Phone #:	E-mail Address:				

#### **STEP 10: DOCUMENTATION**

Please provide us with copies of the listed documents in the following categories. If a certain category doesn't apply to you, please skip it.

#### **Real Estate**

Deeds to all personal real estate (make sure legal description is included)

<u>Asset Statements</u> (Make sure statements include the institution's name, address and account number.)

- Bank Accounts (personal savings, money market, CDs)
- Stocks, bonds, mutual funds, IRAs, and other investments
- Profit Sharing, Pension and Retirement Plans
- Life Insurance Policies

#### **Business Interests**

- Last 3 years' income statements, balance sheets and tax returns
- Business agreements, such as buy-sell, stock redemption, stock options, etc.
- For Corporations, please send the **exact** Name of the Corporation (e.g., ABC Company, Inc.) tell us whether it is an "S" or "C" corporation, the state in which the corporation was formed, the # of shares you own, date issued, par value of each share, and the name on the current stock certificate.
- For LLCs, please send the exact Name of the LLC (e.g., ABC Co., LLC), the date formed and the state in which it was formed, your % of membership interest, and whether your interest is represented by a certificate.
- For Limited Partnerships, please send the **exact** Name of the Limited Partnership (e.g. ABC Enterprises, LLP), the date formed and the state in which it was formed, the # of General Partnership units owned by you, and the # of Limited Partnership units owned by you.

#### **Other**

Prior year's income tax return; all prior gift tax returns; prior wills