



**5. DISPOSITION OF ESTATE:**

A. All to spouse if spouse survives? Yes \_\_\_\_\_ No \_\_\_\_\_

B. In the event spouse does not survive, how do you wish to make disposition of your estate?

Equally between surviving children? Yes \_\_\_\_\_ No \_\_\_\_\_

Other (please describe in detail):

C. If a child dies before you, do you want that child's share of your estate to go to your grandchildren? Yes \_\_\_\_\_ No \_\_\_\_\_; **OR** be divided between the children still living? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Do you wish to make a specific bequest leaving specific items/property (real estate, bank accounts, vehicles, etc.) to someone? If so, list the item(s), person receiving it and the relationship of the person(s) to each of you. [You can make specific bequests of personal property, such as jewelry, knick-knacks, other family heirlooms, clothing, household goods, etc., in a separate Tangible Property List we provide that is dated and signed by you and kept with your Will.]

E. In the event of a common disaster ("common disaster" means death of you, your spouse, all children and grandchildren at the same time), how do you wish to divide your estate? (Please describe in detail):

**6. GUARDIAN FOR PHYSICAL CARE OF MINOR CHILDREN:**

If your spouse should die before you (or you both die at the same time), who do you want to take care of your minor children? (List in order of preference)

A. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

B. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**7. TRUSTEE FOR ESTATE OF MINOR CHILDREN: (Children under the age of 18 can't inherit directly, so we must make a trust provision for them in your will)**

If your spouse should die before you (or you both die at the same time), who do you want to have manage the finances for your minor children? (List in order of preference)

A. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

B. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

C. At what age do you want your minor children to receive their share of your estate? (Pick more than one if you want to do partial distributions so they don't receive all their inheritance at once).

18 \_\_\_\_\_ 21 \_\_\_\_\_ 25 \_\_\_\_\_ 30 \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

**8. PERSON IN CHARGE OF YOUR ESTATE (If possible, should be a resident of your State, but not necessary):**

**(List in order of preference)**

A. Spouse to serve? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

C. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**9. ADDITIONAL DOCUMENTS:**

Do you wish us to prepare any of the following documents to complete your estate planning?

A. Community Property Agreement (a contract between a husband and wife, converting any separate property into community property, and transferring it all to the surviving spouse on the death of the first spouse, avoiding the necessity of probate): Yes \_\_\_\_\_ No \_\_\_\_\_

B. Durable Financial Power of Attorney (gives someone else the authority to take care of your financial affairs in the event you are deemed incompetent or incapacitated) Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse to serve? Yes \_\_\_\_\_ No \_\_\_\_\_

Alternate: \_\_\_\_\_ 2<sup>nd</sup> Alternate: \_\_\_\_\_

C. Durable Medical Power of Attorney (gives someone else the authority to take care of your financial affairs in the event you are deemed incompetent or incapacitated) Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse to serve? Yes \_\_\_\_\_ No \_\_\_\_\_

Alternate: \_\_\_\_\_ 2<sup>nd</sup> Alternate: \_\_\_\_\_

(If B & C above are the same, we will prepare a Durable Power of Attorney that includes both medical and financial authority for each of you)

**D. Health Care Directive** (sometimes referred to as a Living Will, directs your physician to terminate life support systems if you are in a permanent vegetative state) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you and your spouse want to have artificially provided nutrition and hydration? Yes \_\_\_\_ No \_\_\_\_

**(I) (WE) UNDERSTAND THAT THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Jot down any questions you may have about this form, any additional questions you may wish to ask the attorney, and to more fully describe any of your answers on the preceding pages. When adding additional information, please note which item number you are referring to.