













1<sup>st</sup> Alternate for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## FINANCIAL POWER OF ATTORNEY

*The purpose of this document is for management of any assets that are not listed or held by the trust. Generally the individual you list here should be the same person(s) you selected as your trustee(s) of your trust.*

### Primary Agent for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1<sup>st</sup> Alternate for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2<sup>nd</sup> Alternate for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Primary Agent for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_





1<sup>st</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



*A trust requires a special type/form of will.*

**Will(s)**

*A special type of will, known as a pour over will, is provided with all revocable trusts to designate distribution of certain personal property not already transferred to the trust. Your executor of this will generally should be the same person as the primary trustee of your trust.*

**Primary Executor for Spouse 1**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**1<sup>st</sup> Alternate for Spouse 1**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Alternate for Spouse 1**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Executor for Spouse 2**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_



Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1<sup>st</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## Conservator

*Sometimes it is necessary to appoint a conservator for an incapacitated or incompetent person. Please identify the individual you would like as your conservator. That person should be someone familiar with your finances, wishes and desires, and has the time to manage your estate. (Again, spouses generally appoint each other as primary care givers.)*

### Primary Conservator for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1<sup>st</sup> Alternate for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2<sup>nd</sup> Alternate for Spouse 1

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Primary Conservator for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



1<sup>st</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Alternate for Spouse 2

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**ASSETS TO BECOME THE TRUST ESTATE**

*All assets transferred to your trust become the trust estate and are not subject to probate.*

**Real estate.** List your real estate including rental property and the form of ownership you hold, such as joint tenancy, tenants in common, as well as the address and parcel number for each property. We will also need a copy of each deed for each parcel that will be transferring to your trust.

*The following categories are additional assets that generally become part of the trust estate in order to avoid probate:*

**Bank accounts, savings accounts, CDs, etc.** Please include name of institution, type of account and the approximate value.

Bank name	Type of acct.	IRA (Y/N)	Est. value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Stocks, bonds, mutual funds, annuities, and other similar investments.**

Please be specific as to the type of investment. In addition, we would like to review the most recent investment statements so we can determine whether or not the investment should become a trust asset.

Bank name	Type of acct.	IRA (Y/N)	Est. value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional IRAs, Roth IRAs, pensions, promissory notes, or business interests** held by you individually or jointly. We will review the most recent investment statements so we can determine whether or not the investment should become a trust asset.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Life insurance policies.** List the owner of the policy, the beneficiary, the face value, the cash value and the type (i.e. whole life, term, or universal life)

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**Automobiles, RVs, boats, etc.** These items are not generally transferred to the trust estate unless the value of each individual asset is over \$75,000 such as RVs, boats, collectibles, etc.)

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Please list here any questions, comments or concerns you may have regarding your estate, distribution, trustees or agents, and we will discuss these issues at our next meeting.





## INSTRUCTIONS FOR HEALTH CARE – Spouse 1

2.A. END-OF-LIFE DECISIONS (“LIVING WILL”). I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. I understand that if there is a conflict between my agent’s decision and this statement, this statement shall take precedence.

For purposes of this statement:

- (A) “Life-sustaining treatment” means any medical procedure, treatment, intervention, or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.
- (B) “An irreversible coma”, means a coma from which the treating physicians have reasonably concluded I will never regain consciousness.
- (C) “Persistent vegetative state” means a state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, is characterized by both of the following:
  - (i) I am irreversibly unaware of myself and my environment, and
  - (ii) There is a total loss of cerebral cortical functioning, resulting in my having no capacity to experience pain or suffering.
- (D) “Terminal condition” means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, both of the following apply:
  - (i) There can be no recovery; and



- (ii) Death is likely to occur within a relatively short time if life sustaining treatment is not administered.

\_\_\_\_\_  
INITIALS

2.B. RELIEF FROM PAIN. Notwithstanding anything herein to the contrary, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death. Notwithstanding the preceding paragraph, if withholding or withdrawing nutrition and/or hydration will cause me to experience substantial pain or discomfort, I want to be provided with nutrition and/or hydration.

\_\_\_\_\_  
INITIALS

2.C. OTHER WISHES. In addition to the preceding paragraphs, I am making the following directives to my agent:

If I ever fall into a persistently vegetative state, you are directed to reduce my misery as painlessly as possible.

\_\_\_\_\_  
INITIALS

If I become senile, you are directed to let me die naturally and without any extraordinary medical treatment.

\_\_\_\_\_  
INITIALS

If I am in an irreversible coma or persistent vegetative state, I do not want any form of CPR.

\_\_\_\_\_  
INITIALS

If I am already in an irreversible coma or persistent vegetative state and I develop some other illness or condition for which a course of treatment would be considered, I do not want any additional treatment to be initiated (for example, if I am in an irreversible coma and it is subsequently discovered that I have cancer, I do not want chemotherapy and/or radiation).

\_\_\_\_\_  
INITIALS

Additional directives/instructions:



## INSTRUCTIONS FOR HEALTH CARE – Spouse 2

2.A. END-OF-LIFE DECISIONS (“LIVING WILL”). I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I do not wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I do not want efforts made to prolong my life and I do not want life-sustaining treatment to be provided or continued: (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. I understand that if there is a conflict between my agent’s decision and this statement, this statement shall take precedence.

For purposes of this statement:

- (E) “Life-sustaining treatment” means any medical procedure, treatment, intervention, or other measure including artificially or technologically supplied nutrition and hydration that, when administered, will serve principally to prolong the process of dying.
- (F) “An irreversible coma”, means a coma from which the treating physicians have reasonably concluded I will never regain consciousness.
- (G) “Persistent vegetative state” means a state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, is characterized by both of the following:
  - (i) I am irreversibly unaware of myself and my environment, and
  - (ii) There is a total loss of cerebral cortical functioning, resulting in my having no capacity to experience pain or suffering.
- (H) “Terminal condition” means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, both of the following apply:
  - (i) There can be no recovery; and



- (ii) Death is likely to occur within a relatively short time if life sustaining treatment is not administered.

\_\_\_\_\_  
INITIALS

2.B. RELIEF FROM PAIN. Notwithstanding anything herein to the contrary, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death. Notwithstanding the preceding paragraph, if withholding or withdrawing nutrition and/or hydration will cause me to experience substantial pain or discomfort, I want to be provided with nutrition and/or hydration.

\_\_\_\_\_  
INITIALS

2.C. OTHER WISHES. In addition to the preceding paragraphs, I am making the following directives to my agent:

If I ever fall into a persistently vegetative state, you are directed to reduce my misery as painlessly as possible.

\_\_\_\_\_  
INITIALS

If I become senile, you are directed to let me die naturally and without any extraordinary medical treatment.

\_\_\_\_\_  
INITIALS

If I am in an irreversible coma or persistent vegetative state, I do not want any form of CPR.

\_\_\_\_\_  
INITIALS

If I am already in an irreversible coma or persistent vegetative state and I develop some other illness or condition for which a course of treatment would be considered, I do not want any additional treatment to be initiated (for example, if I am in an irreversible coma and it is subsequently discovered that I have cancer, I do not want chemotherapy and/or radiation).

\_\_\_\_\_  
INITIALS

Additional directives/instructions:



**BURIAL WISHES – Spouse 1**

Client Name: \_\_\_\_\_

At my death, I wish to be:  Cremated

Buried

If cremated, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

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My representative shall be: \_\_\_\_\_

If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual(s) to serve as my successor representative(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**BURIAL WISHES – Spouse 2**

Client Name: \_\_\_\_\_

At my death, I wish to be:  Cremated

Buried

If cremated, I would like my ashes disposed as follows:

If buried, I would like my remains interred as follows:

I have already made arrangements at:

---

My representative shall be: \_\_\_\_\_

If my representative dies, becomes incapacitated, resigns, refuses to act, ceases to be qualified, or cannot be located within the time necessary to control the final disposition of my remains, I hereby appoint the following individual(s) to serve as my successor representative(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

