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# Agnew Law Office, P.C.

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*An Estate Planning Law Firm*

## ***ESTATE PLANNING PLAN DESIGN INFORMATION***

**EXECUTOR:** Primarily oversees distribution of personal effects.

☞ Name at least  2  executors.  May  name Co-Executors.

Executor 1

\_\_\_\_\_

Executor 2

\_\_\_\_\_

Executor 3

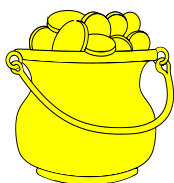
\_\_\_\_\_

Executor 4

\_\_\_\_\_



**TRUSTEE:** Primarily oversees distribution of all assets other than personal effects. Also manages any trusts that are to be established for beneficiaries upon your death.



☞ Name at least  2  Trustees (beyond yourself) if naming  individuals  as Successor Trustees.

☞ Name only  1  Trustee (beyond yourself) if naming a  Corporate  Successor Trustee.

Trustee 1

\_\_\_\_\_

Trustee Supervisor

Trustee 2

\_\_\_\_\_

1

\_\_\_\_\_

Trustee 3

\_\_\_\_\_

2

\_\_\_\_\_

Trustee 4

\_\_\_\_\_

3

Children- Individual  Majority

Youngest age \_\_\_\_\_

**GUARDIAN:** Assumes the parental responsibilities for any minor children surviving you at the time of your death.

☞ Name at least 2 Guardians. May name Co-Guardians.

Guardian 1

\_\_\_\_\_

Guardian 2

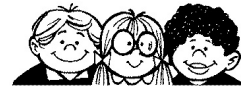
\_\_\_\_\_

Guardian 3

\_\_\_\_\_

Guardian 4

\_\_\_\_\_



**POWER OF ATTORNEY FOR PROPERTY:**

Management of your financial affairs if you are alive but unable to make your own financial decisions.

☞ Name at least 2 Powers of Attorney. May NOT name co-Powers of Attorneys - only 1 at a time.



Power of Attorney 1

\_\_\_\_\_

Power of Attorney 2

\_\_\_\_\_

Power of Attorney 3

\_\_\_\_\_

Power of Attorney 4

\_\_\_\_\_



## POWER OF ATTORNEY FOR HEALTH CARE:

Management of your medical decisions if you are alive but unable to make your own health care decisions.

☞ Name at least 2 Powers of Attorney. May NOT name co-Powers of Attorneys - only 1 at a time.

Power of Attorney 1 \_\_\_\_\_

Power of Attorney 2 \_\_\_\_\_

Power of Attorney 3 \_\_\_\_\_

Power of Attorney 4 \_\_\_\_\_

### ① Life Support Instructions

- Agent Decides** - no life support if the burdens outweigh benefits
- Physician Decides** - life support until my physician determines I am in an irreversible or terminal condition
- Yes** to all life support
- I want a **Living Will** (life support until doctor determines irreversible)

### ② Artificial Nutrition & Hydration (Tube Feeding) Instructions

- I want food & fluids provided to me to prevent death by dehydration
- I do not want artificial nutrition or hydration or tube feeding

### ③ Other Instructions

**Organ Donation**     Yes     No

Cremation

Special / Specific Instructions \_\_\_\_\_

# DISTRIBUTION INSTRUCTIONS



## BENEFICIARIES:

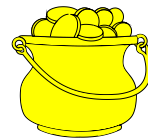
How Much

Who

When

- |       |                          |   |                          |                                      |                             |
|-------|--------------------------|---|--------------------------|--------------------------------------|-----------------------------|
| ____% | <input type="checkbox"/> | Children<br>____ Equally<br>____ Other (Specify on Reverse Side)      | <input type="checkbox"/> | Outright<br><input type="checkbox"/> | In Trust (asset protection) |
| ____% | <input type="checkbox"/> | Grandchildren<br>____ Equally<br>____ Other (Specify on Reverse Side) | <input type="checkbox"/> | Outright<br><input type="checkbox"/> | In Trust (asset protection) |
| ____% | <input type="checkbox"/> | Charity(ies)<br>____ Equally<br>____ Other (Specify on Reverse Side)  | <input type="checkbox"/> | Outright<br><input type="checkbox"/> | In Trust                    |
| ____% | <input type="checkbox"/> | Other   |                          | (Specify on Reverse Side)            |                             |

## TRUST DESIGN (For Asset Protection)



- Separate Trust for Each       Pooled Until Youngest is Age \_\_\_\_

- ① **Payment Stream?**       Yes       No

- Income  
 Unitrust (percentage) Payment

Payments to Begin at Age \_\_\_\_

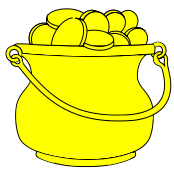
Percentage:      2%    3%    4%    5%    6%    (Circle One)

- Quarterly       Monthly

② **Discretionary Distributions: (Check ✓ Applicable)**

Medical	Living	Education	Real Estate	Miscellaneous
<input type="checkbox"/> Doctor	<input type="checkbox"/> Food	<input type="checkbox"/> Private School	<input type="checkbox"/> Down Pay ___%	<input type="checkbox"/> Best Interest
<input type="checkbox"/> Dental	<input type="checkbox"/> Clothing	<input type="checkbox"/> Trade School	___ House	<input type="checkbox"/> Start Business
<input type="checkbox"/> Surgery	<input type="checkbox"/> Rent	<input type="checkbox"/> College	___ Investment	<input type="checkbox"/> Travel
<input type="checkbox"/> Insurance	Until Age ___	<input type="checkbox"/> Graduate	___ Vacation	<input type="checkbox"/> Car Buy/Repair
<input type="checkbox"/> Medication		<input type="checkbox"/> Continuing Ed	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Lessons
<input type="checkbox"/> Vision		<input type="checkbox"/> Grandchildren	<input type="checkbox"/> Prop Taxes	<input type="checkbox"/>
<input type="checkbox"/> Nursing Home		<input type="checkbox"/> Pay Loans	<input type="checkbox"/> Repairs	<input type="checkbox"/>
<input type="checkbox"/> Mental Health			<input type="checkbox"/> Insurance	
<input type="checkbox"/> Child			<input type="checkbox"/> Improvements	
<input type="checkbox"/> Spouse				

③ **Right to Withdraw Principal from Trust:**



→ \$\$ \_\_\_% at age \_\_\_  
 → \$\$ \_\_\_% at age \_\_\_  
 → \$\$ \_\_\_% at age \_\_\_  
 → \$\$ \_\_\_% at age \_\_\_

OR

\_\_\_ Keep assets in trust for the benefit of grandchildren and future generations

**COMMON DISASTER:**

In the event of a "common disaster" in which you are not survived by any children or grandchildren (i.e. no descendants), WHO would the estate get distributed to and in WHAT AMOUNTS?

WHO	HOW MUCH	
	Equally (✓)	Other ( \$ or % )
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL EFFECTS:**

Specific Bequests: Is there a desire to make provision for any specific bequests of personal effects (i.e. jewelry, heirlooms, paintings, etc.)?



(Check  Applicable)

**YES** - I would like to list the following specific bequests:

GIFT		RECIPIENT
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

**YES** - I would like to provide for some specific bequests, but I will **MAKE A LIST AT HOME** that I may modify from time to time. I would like you to include specific instructions that my list be followed at the time of my death.

**NO** - I do not wish to provide for any specific bequests at this time.

Remaining Personal Effects: I would like any personal effects that are not specifically identified to be distributed as follows:

(Check  Applicable)

- To my children:     in equal shares     by lottery     by family auction
- Sell all of my personal effects
- Other: \_\_\_\_\_