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ESTATE PLANNING INFORMATION

With all of your information in one place, it will be easier for me to draft the appropriate documents for your estate planning needs. Completing the questionnaire will also help you think in detail about your plans for the future. Selecting trustees, guardians for minors, beneficiaries and their shares are significant decisions that need to be made. This questionnaire will give you a good picture of your net worth, assets, liabilities and estate planning objectives.

If you are uncertain on how to respond to a particular question, simply make a note for me.

Will

A document which provides who is to receive your property, who will administer your estate, who will serve as guardian of your children, if applicable, and other provisions.

This document will greatly assist me in understanding your wishes, and it will also give you some idea of the estate planning.

Remember: Be thorough! I can only help you plan with the information you provide me. If you don't give me information about your assets or personal situation, your plan may not work the way you want it to work.

Do You Have...

(Check any of these you may have. I may need to see some of these documents at some point during our work together)

Any existing wills or trusts of either spouse
Federal gift tax returns
Any pre or post-nuptial or marital settlement agreement/signed by either spouse
Any will or trust under which either spouse has an interest
Any buy-sell agreement, stock option plan, salary continuation plan or other deferred compensation plan (other than qualified plans) to which either spouse is a party, including beneficiary designations
Power of Attorney for management of property or health care
Real Estate (even if mortgaged)
Securities Accounts (held in a broker account, not IRA accounts)
Checking, Savings and other Cash accounts (only personal accounts, not business)

Savings Certificates: Bonds & T-Bills
Promissory Notes (money owed to you including trust deeds and mortgages)
Judgments: Amounts Receivable. (judgments owed to you, include personal and business)
Life Insurance policies.
Vehicles, Boats, Motor Homes & Mobile Homes
Business Interests
IRA & KEOGH Accounts
Any employee death/retirement benefits
Safe-Deposit Boxes
Other Rights & Interests
a. Contracts, copyrights, patents, etc.
b. Expected inheritances
c. Assets not mentioned

Testator

You - the person making the will.

Your Personal Information

Your Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

E-mail Address: _____

Are you a U.S. Citizen: Yes No Your Date of Birth: (month/day/year) _____

State and County of Legal Residence: _____

Social Security Number: _____

Were you a member of the Military Services: Yes No

Your Current Estate Plan

Which best describes your current estate plan? (circle one)

Nothing Will Only Living Trust Other: _____

If your current estate plan includes a will and/or a living trust, please provide me a complete copy of your current will/trust document, including signature pages.

Your Current Family Situation

Are you currently married? Yes No

Is there a pre-marital agreement involved? (if yes, please enclose) Yes No

Do you have any children? Yes No

If yes, starting with the oldest child, enter the full name of all children

Child's Full Name:

Birth date: ____/____/____ Is this child married? With children?

Child's Full Name:

Birth date: ____/____/____ Is this child married? With children?

Child's Full Name:

Birth date: ____/____/____ Is this child married? With children?

This Section Deals with Your Estate Plan

Specific and Cash Bequests

Upon your death, do you want to give a specific asset or cash gift to any individual, institution or charity **before** distributions are made to the other beneficiaries? Yes No

Estate

Everything that you own at your passing after payment of debts and taxes. Your will specifies your decisions regarding the percentage share of your estate, or the specific items or sums of money, to be distributed to your beneficiaries.

(If you have any specific bequests of personal items, furniture or “things” to make, you can leave these items to people in a separate writing, called a Memorandum, which can be changed without having to change your will and you don’t need to list them here.)

If Yes:

(1) Beneficiary:

Asset or Cash Amount:

(2) Beneficiary:

Asset or Cash Amount:

(3) Beneficiary:

Asset or Cash Amount:

If you die before your spouse, do you want all your assets to go to your spouse? Yes No

If your spouse dies before you, or if you have no spouse, do you want to leave all of your assets equally to your children? Yes No

If no, to whom do you want to leave your assets and how much (or percentage) to each person?

If one of your children predeceases you, leaving minor children (your grandchildren), do you want to leave those grandchildren the share their parent would have been entitled to if the parent were still alive? Yes No

Guardian for Your Minor Children

The person named as Guardian will be responsible to take care of your minor children should you or both you and your spouse die in common disaster. Are guardians for minor children needed? Yes No

If Yes, who do you wish to be the guardian of your minor children? (Do not name a married couple as a single choice in case the husband and wife named as guardians separate, divorce or one dies.)

Guardian

A person invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity. Often used if you have minor children or other family members who need care.

Guardian First Choice: _____
Address: _____
City: _____ State: _____ Zip: _____

Guardian Second Choice:
Address: _____
City: _____ State: _____ Zip: _____

Your Personal Representative

Your Personal Representative will be responsible to carry out your wishes as instructed in your will following your death. Anyone named to serve as a personal representative of your will must currently be at least 18 years of age. List your choices for someone to be the Personal Representative of your Will:

First choice Name & Address: _____

Second choice Name & Address: _____

***Personal Representative
(also called Executor)***
The person appointed in a will by the testator to carry out the terms of the will. This person will be responsible for probating your estate, if necessary, filing the appropriate documents and disbursing your estate pursuant to your will.

Your Ultimate Beneficiaries

This is a catastrophic event clause. It is extremely unlikely that anyone you identify here will receive any assets.

In the event that all of your previously named beneficiaries and their heirs were to die before you, who do you wish to receive your property?

Equally to your remaining legal relatives (i.e., Father, Mother, Brothers, Sisters...etc.)

OR

To the following: individual, organizations, charities, churches, etc. first and then equally to your remaining legal relatives:

Beneficiary: _____ Percentage: _____

Beneficiary: _____ Percentage: _____

Are there any other facts, information or bequests that you can think of that relate to your Will?

This Section Deals with Your Healthcare Power of Attorney (Living Will)

1. Name, address, home and cell phone numbers of first choice to make health-care decisions for you:

Name, address, home and cell phone numbers of back-up choice:

2. Do you want your agent to make all health-care decisions for you including decisions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of health care to keep you alive Yes No or only certain decisions, as written below?

3. A. Do you want your agent's authority to become effective only when your primary or attending physician determines that you are unable to make your own health-care decisions

OR

B. My agent can start making health care decisions for me right away, but this does not mean I have given up the right to make my own decisions if I am still able and willing to make my own decisions. When my agent makes a health care decision for me, I will be told, if possible, about that decision before it is carried out unless I say I do not want to know. If I disagree with that decision and am still able to decide, I can make a different decision. As long as I am able, I can end my agent's right to make decisions for me, change my agent or make my own decisions. If I want to end my agent's right to make decisions for me, I must tell my primary physician or put my decision in writing and sign it with the date of my signature.

4. Your agent will make health-care decisions for you in accordance with this power of attorney for health-care and any of your other wishes to the extent known to your agent. To the extent your wishes are unknown, your agent will make health-care decisions for you in accordance with what your agent determines to be in your best interest. In determining your best interest, your agent will consider your personal values to the extent known by your agent. Are there any special issues you want to address?

5. If a guardian of your person needs to be appointed for you by a court, do you want the same person or people to be your guardian, or do you have other choices? Same
Different: _____

6. You need to make a decision on “life sustaining treatment” options so your health-care providers and others involved in your care can provide, withhold or withdraw treatment in accordance with your wishes. (check one - A or B)

A. Choice Not To Prolong Life I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits,

OR

B. Choice To Prolong Life I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

7. You may also need to make a decision about treatment that would keep you alive if, in the future, you have late stage Alzheimer’s disease or other severe dementia. These choices will not limit the authority under state law for your agent, surrogate, guardian or physician to make treatment choices if you are unable to make your own decisions and are **not** in late stage Alzheimer’s disease or other severe dementia. (check one - A or B)

A. Choice Not To Be Kept Alive If my physician and a second physician decide that I am in the late stage of Alzheimer’s disease* or other severe dementia, I do not want treatment to keep me alive.

OR

B. Choice To Be Kept Alive I want treatment to keep me alive as long as possible within the limits of generally accepted health care standards, even if my physician and a second physician decide that I am in the late stage of Alzheimer’s disease or other severe dementia.

* Only a physician can determine that someone is in the late stage of Alzheimer’s disease. People in the late stages of Alzheimer’s disease generally have a number of the following characteristics: loss of the ability to respond to their environment; loss of the ability to speak; loss of the ability to control movement; loss of the capacity for recognizable speech, although words or phrases may occasionally be uttered; needing help with eating and toileting; general incontinence of urine; loss of the ability to walk without assistance, then the ability to sit without support, then the ability to smile, and the ability to hold their head up; reflexes become abnormal; muscles grow rigid; and swallowing is impaired.

8. This section deals with feeding tubes, etc. (check one - A or B)

A. Artificial nutrition and hydration will be provided, withheld or withdrawn in accordance with the choice you have made in Paragraphs 6 or 7

OR

B. you would like artificial nutrition and hydration to be provided regardless of your condition and regardless of the choice you have made in Paragraph 6 or 7.

9. Do you want treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens your death? Yes No

10. Other wishes you may have concerning your healthcare if you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above?

11. Do you want to donate your organs, tissues or parts of your body upon your death? If so, mark the appropriate box below.

Any needed organs, tissues or parts. Only the following organs, tissues or parts:

12. Do you want to limit the purpose of your donation? If so, check the appropriate box(es).
Transplant Therapy Research Education No Limitations

13. What are your wishes for after your death? Do you want to be cremated, buried in a certain place, do you have a prepaid funeral plan, do you have any specific instructions for those who are left? Or do you want to name someone to have the authority to make these decisions after your death?

Do you have any other questions or concerns you would like to discuss?

Please save your completed form to your desktop, then mail, fax or email it to me using my contact information at the top of this form.