

**ATTORNEY ESTATE PLANNING GUIDE
COPENBARGER & VOORHEES, LLP**

(This Box for Office Use Only)

Sem: _____ Sponsor: _____ ENW _____

Date: _____ Atty: _____ Type Doc _____

FAMILY INFORMATION

USE CLIENT'S MIDDLE INITIAL? _____ USE CLIENT'S MIDDLE NAME? _____

APPOINTMENT OF EXECUTOR(S)

Each spouse for the other? Yes___ No___ Executors to act as Co-Executors: Yes___ No___

Alternate Executors:

Name of First Alternate _____ To serve jointly Yes___ No___ With _____

Address _____ City _____ State _____ Zip Code _____

Name of Second Alternate _____ To serve jointly Yes___ No___ With _____

Address _____ City _____ State _____ Zip Code _____

Name of Third Alternate _____ To serve jointly Yes___ No___ With _____

Address _____ City _____ State _____ Zip Code _____

Notes: _____

APPOINTMENT OF GUARDIANS OF MINOR CHILDREN

Guardian of the Person

Name of First Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Name of Second Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Guardian of the Estate

Name of First Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Name of Second Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

DISTRIBUTION OF YOUR ESTATE IF YOUR SPOUSE SURVIVES

All Income to Spouse Yes___ No___ If no, to whom? _____

Address _____ City _____ State _____ Zip Code _____ Amount _____

All **Property** to Spouse Yes___ No___ If no, to whom? _____

Address _____ City _____ State _____ Zip Code _____ Amount _____

DISTRIBUTION OF YOUR ESTATE IF YOUR SPOUSE DOES NOT SURVIVE

Please list any **Charitable Beneficiaries:**

Name _____ Amount or % _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Amount or % _____

Address _____ City _____ State _____ Zip Code _____

(1st death _____) (2nd death _____)

Balance to Children equally? Yes _____ No _____

If no, please state your plan of distribution: _____

Is any part of your estate to be held in Trust for your Children? Yes _____ No _____

If **yes**, would you like **ONE TRUST (POT TRUST)** to benefit all of your Children?

Yes _____ To be distributed when youngest child attains age _____

No _____ Staggered Distribution at ages _____, _____, _____

Would you like a **SEPARATE TRUST (SHARE TRUST)** created for each child?

Yes _____ Please state ages of distribution from these Trusts: Ages _____, _____, _____, _____

Other: _____

Do you want the issue (children) of a deceased beneficiary to receive his/her share? Yes _____ No _____

If **yes**, GrandChildren's Pot Trust until age _____ / Trust Shares until Age(s) _____, _____, _____, _____

If **no**, do you want your surviving beneficiaries (children) to receive a pro-rata portion of the deceased beneficiary's share?

Yes _____ No _____. To your Child's spouse? Yes _____ No _____

If **no**, how is the deceased beneficiary's share to be distributed?

COMMON DISASTER: If your beneficiaries **and** their issue all die, to whom do you want your estate distributed?

Name _____ Amount or % _____

Address _____ City _____ State _____ Zip Code _____

Survivor _____ Heirs _____ Amount or % _____

Name _____ Amount or % _____

Address _____ City _____ State _____ Zip Code _____

Survivor _____ Heirs _____ Amount or % _____

OR Your "Heirs-at-law?" _____

PERSONAL TESTAMENT: Please attach if you want included in your Will. _____

APPOINTMENT OF TRUSTEES OF LIVING TRUST

Do you wish to act as your own Trustee(s) during your lifetime(s)? Yes ____ No ____

If **no**, list whom you would like to appoint:

Name of First Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Name of Second Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Name of Third Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Name of Forth Alternate _____ As H/W _____ or _____

Address _____ City _____ State _____ Zip Code _____

Is the Surviving Spouse to be the Sole Trustee? Yes ____ No ____

If **no**, please list the Co-Trustee(s) _____

If any other Successor Trustees are to serve jointly, please list who is to serve with whom:

Shall the Surviving Spouse be able to revoke or amend the Trust? Yes ____ No ____ Partly ____

COMPETENCY DETERMINORS

Person to determine your competency (in the event you become mentally or physically disabled).

Each Spouse for the other? Yes ____ No ____

Name of First Alternate _____ Relationship, if any _____

Address _____ City _____ State _____ Zip Code _____

Name of Second Alternate _____ Relationship, if any _____

Address _____ City _____ State _____ Zip Code _____

Name of Third Alternate _____ Relationship, if any _____

Address _____ City _____ State _____ Zip Code _____

Do you want them to make the decision **TOGETHER**? Yes ____ (**Majority** Vote ____ **Unanimous** Vote ____)

OR SUCCESSIVELY ____, in the event the first person cannot act?

If you become incompetent, who do you appoint to handle your **finances** for you?

Spouse ____ Person(s) named as Executor/Trustee ____

Other(s) Name _____

Address _____ City _____ State _____ Zip Code _____

If you become incompetent, who do you appoint to make **medical** decisions for you?

Spouse ____ Person(s) named as Executor/Trustee ____

Other(s) _____

Address _____ City _____ State _____ Zip Code _____