

MEREDITH | PC

Estate Planning and Probate Law Firm

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Board Certified - Estate Planning & Probate Law
Texas Board of Legal Specialization

FAMILY WEALTH INVENTORY AND ASSESSMENT

USING THIS ORGANIZER WILL ASSIST OUR FIRM IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

INSTRUCTIONS:

If you are single, please complete the information for Client 1.

If you are married, or you are in a relationship and we will be planning for both you and your spouse or partner, please complete the information for Client 1 and Client 2.

PERSONAL INFORMATIONClient 1Client 2

Legal Name:

Preferred Name:

Date of Birth:

Home Address:

County of Residence:

Email Address:

Phone Number:

PRELIMINARY QUESTIONS

In some instances, it is necessary for us to review other documents before we can make planning recommendations. If applicable, please bring the documents requested below with you to our first meeting:

Do you have a **Premarital Agreement** or **Marital Property Agreement**?

Yes No If Yes, please bring a copy.

Is there a **Divorce Decree** or **Property Settlement Agreement** for divorce under which continued obligations exist (child support, spousal support, maintain life insurance, etc.)?

Yes No If Yes, please bring a copy.

Have you ever filed a gift tax, estate tax, or trust tax return?

Yes No If Yes, please bring a copy.

Have you previously executed existing planning documents (wills, trusts, powers of attorney, health care directives, etc.)

Yes No If Yes, please bring a copy.

FAMILY INFORMATION

Child's Full Name:	_____			
Child from:	<input type="checkbox"/> Child of Client 1 & 2 <input type="checkbox"/> Child of Client 1 <input type="checkbox"/> Child of Client 2			
Age or Date of Birth:	_____			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

Child's Full Name:	_____			
Child from:	<input type="checkbox"/> Child of Client 1 & 2 <input type="checkbox"/> Child of Client 1 <input type="checkbox"/> Child of Client 2			
Age or Date of Birth:	_____			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

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Child from:	<input type="checkbox"/> Child of Client 1 & 2 <input type="checkbox"/> Child of Client 1 <input type="checkbox"/> Child of Client 2			
Age or Date of Birth:	_____			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

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Child from:	<input type="checkbox"/> Child of Client 1 & 2 <input type="checkbox"/> Child of Client 1 <input type="checkbox"/> Child of Client 2			
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Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION

Child's Full Name:	_____			
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Age or Date of Birth:	_____			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
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<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Age or Date of Birth:	_____			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Other Info.	<input type="checkbox"/> Adopted		<input type="checkbox"/> Deceased <input type="checkbox"/> Special Needs	
Marital Status:	<input type="checkbox"/> Single		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<u>Grandchildren:</u>	<u>Age</u>	<u>Step-Child</u>	<u>Adopted</u>	<u>Special Needs</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CONCERNS ASSESSMENT

One of our objectives is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the initial concern that caused them to begin the planning process. Please review the following areas of concerns that we frequently hear from clients, identify those which are of concern to you, and provide us with some sense of how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are most important to you.

Many of the statements below contain the term “beneficiary”. A beneficiary could be a child, grandchild, niece, nephew, other family member, or other individual you desire to leave assets to upon your death.

	Level of Concern			
	None	Low	Medium	High
Custodian of Minor Children. I am concerned that if I die, my minor children will be placed in the custody of someone other than those whom I desire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiaries' Creditors. I am concerned that the beneficiaries of my estate will lose their inheritance to their creditors, lawsuits, or divorcing spouses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Immaturity. I am concerned that the beneficiaries of my estate will lose their inheritance due to their mismanagement of the money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influential Spouses. I am concerned an influential spouse might get control over the inheritance I leave to a beneficiary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mismanagement. I am concerned the person in charge of managing a beneficiary’s inheritance might squander or mismanage the assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education. I am concerned my children might not provide for my grandchildren’s education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level of Concern			
	None	Low	Medium	High
<p>Current Government Benefits. I am concerned a bequest I would like to make to a disabled beneficiary will go to the government or make him or her ineligible for needs-based government benefits, such as Medicaid.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Future Government Benefits. I am concerned a beneficiary of my estate might become disabled and be prevented by my bequest from qualifying for needs-based government benefits.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Spouse's/ Partner's Control of Assets. I would like to know that if I die first, our assets will be available to my spouse/partner but upon the death of my spouse/partner, they will pass to the beneficiaries that I choose.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Family Disputes. I am concerned about a beneficiary commencing a lawsuit because he or she is unhappy with what they received from my estate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Hard-to-Divide Assets. I have a significant asset that is not easily divisible (such as a business or vacation home), and I am concerned that disputes will arise among my beneficiaries about that asset.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Values and Virtues. I value productivity and a work ethic and I am concerned that the inheritance I leave to my beneficiaries might impede their becoming productive citizens.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Parents. I am concerned that my or my spouse's/partner's parents will need financial support if I or my spouse and I die prematurely.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level of Concern			
	None	Low	Medium	High
<p>Guardianship. I am concerned that if my spouse and/or I were to become disabled, a guardianship will be required giving someone the legal ability to make health care and financial decisions for me.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>HIPAA for Me and My Spouse/Partner. I am concerned that, due to HIPAA privacy rules, health care personnel will not disclose my or my spouse's/partner's health care information.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>End of Life. I am concerned that unwanted efforts may be made to prolong my life when it would be better to cease such efforts and let me die peacefully and without pain.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Disability of Single Adult Children. I am concerned that if a single, adult child of mine becomes disabled, I will not have the legal ability to make medical or legal decisions for my child.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Estate Taxes. I would like to know how to reduce or eliminate the federal estate tax liability I might have.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Frivolous Lawsuits. I am concerned about my assets being drained away fighting a frivolous lawsuit.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level of Concern			
	None	Low	Medium	High
<p>Personal Liability. I am concerned about losing my assets as a result of a suit for personal injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Probate Delays and Costs. I am concerned about the delays and costs my estate will incur if it goes through probate when I die.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Privacy. I understand that obituary and probate records are now on the internet. I am concerned about my assets being made public and my beneficiaries becoming a target for unscrupulous people.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Fire Sale. I understand that estate taxes must be paid within nine months after death. I am concerned that raising the cash to pay those taxes may require selling my assets at "fire sale" prices.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Support. I am concerned that certain non-profit organizations that currently rely on my financial support will also require this support after my death.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Strategic Giving. I would like to become more knowledgeable of the possible ways that I can financially support my favorite charities without placing my family at an economic disadvantage.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Final Distributions. I am concerned that too much money will go to the government in the form of taxes at my death rather than to my family or favorite charities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REAL PROPERTY

List any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

General Description and/or Address	Market Value	Loan Balance
<i>Total</i>		

GUNS

Do you own or possess any guns? Yes No

If Yes, do you own or possess any of the following NFA guns, Title II guns, or Class 3 guns? Yes No

- Shotgun having a barrel less than 18 inches in length
- Shotgun less than 26 inches in overall length
- Rifle having a barrel less than 16 inches in length
- Rifle less than 16 inches in overall length
- Machine gun (any gun that fires more than one round with one pull of the trigger)
- Silencer, suppressor, or muffler
- Destructive devise (explosive, grenade, etc.)
- Bump-stock devise

If you do own or possess any of these...

How many do you own or possess? _____

How many are registered to **YOU** with the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE)? _____

AUTOMOBILES, BOATS AND RVS

For each motor vehicle, boat, RV, etc., please list the following: general description, market value and loan balance:

General Description	Market Value	Loan Balance
<i>Total</i>		

BANK & SAVINGS ACCOUNTS

Please indicate type of account: Checking "C", Savings "S", Certificate of Deposit "CD", Money Market "MM"

Do not include Retirement Accounts, IRAs or 401(k)s here

Name of Institution	Type	Balance
	<i>Total</i>	

STOCKS AND BONDS

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

Stocks, Bonds or Investment Accounts	Amount
	<i>Total</i>

RETIREMENT PLANS

Describe the type of retirement plan (ie. Pension, Profit Sharing, SEP, 401(K), IRA) and the current value of the plan

Description	Market Value
	<i>Total</i>

BUSINESS INTERESTS

Give a brief description of each business interest (ie. general partnership, limited partnership, sole proprietorship, privately owned corporation, professional corporation, oil interest, farm and ranch interest) and the estimated value of the interest.

Description	Market Value
<i>Total</i>	

LIFE INSURANCE POLICES AND ANNUITIES

	Death Benefit	Cash Value	Insured	Owner	Beneficiary
First Policy			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Second Policy			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Third Policy			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Fourth Policy			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Fifth Policy			<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Other	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Joint <input type="checkbox"/> Com. Prop. <input type="checkbox"/> ILIT	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> ILIT
Total					

MONEY OWED TO YOU

Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	=====

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

Description	Estimated Value
_____	_____
_____	_____
_____	_____
	<i>Total estimated value</i>
	=====

OTHER ASSETS

Other property is any property that you have that does not fit into any listed category.

Description	Market Value
_____	_____
_____	_____
_____	_____
	<i>Total</i>
	=====

SUMMARY VALUE OF ASSETS

Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Retirement Plans	_____
Business Interests	_____
Life Insurance and Annuities	_____
Money owed to you	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
<i>Total:</i>	=====

INCOME:

If you need advice on qualifying for Medicaid, please provide the following information on your recurring monthly income:

CLIENT 1'S INCOME	MONTHLY AMOUNT
Social Security	_____
Pension	_____
Other Retirement Income	_____
Rental Income	_____
Royalty Income	_____
Annuity Income	_____
Other Income	_____

CLIENT 2'S INCOME	MONTHLY AMOUNT
Social Security	_____
Pension	_____
Other Retirement Income	_____
Rental Income	_____
Royalty Income	_____
Annuity Income	_____
Other Income	_____

EXECUTORS:

You will need to name an Executor. Upon your death, your Executor will be in charge of identifying and collecting all of your assets, paying all of your final debts, bills, and expenses, and distributing your remaining assets according to the terms and provisions of your Last Will and Testament. We also recommend that you name one or more successor Executors if the first Executor you have named is unable to serve. Please take some time to consider who you would like to name as Executor and successor Executor(s).

CLIENT 1

CLIENT 2

1. Name: _____

Name: _____

2. Name: _____

Name: _____

3. Name: _____

Name: _____

4. Name: _____

Name: _____

TRUSTEES OF DESCENDANTS' TRUSTS:

If you have minor children, we recommend you leave assets to them in trust until such time as they reach an age when they are mature enough to manage their inheritance themselves. You will need to name an individual or corporate trustee to serve as Trustee for your minor children. We also recommend that you name one or more successor Trustees to serve in the event the primary Trustee is unable to serve. Please take some time to consider who you would like to name as primary and successor Trustees.

CLIENT 1

CLIENT 2

1. Name: _____

Name: _____

2. Name: _____

Name: _____

3. Name: _____

Name: _____

4. Name: _____

Name: _____

STATUTORY DURABLE POWER OF ATTORNEY:

The Statutory Durable Power of Attorney is a very powerful document designed to allow the designated person or persons to manage your financial affairs in the event you become incapacitated. For instance, your agent will have the power to do such things as buy and sell real estate, open and close bank accounts, and sign tax returns. These are just a few of the powers commonly given to an agent. Accordingly, your agent needs to be a person you trust completely.

We recommend that you name a primary agent on this document. We also recommend that you name one or more successor agents to serve in the event the primary agent is unable to serve. Please take some time to consider who you would like to name as primary and successor agents.

CLIENT 1

CLIENT 2

1. Name: _____

Name: _____

2. Name: _____

Name: _____

3. Name _____

Name: _____

4. Name _____

Name: _____

HIPAA AUTHORIZATION and MEDICAL POWER OF ATTORNEY:

The HIPAA Authorization includes release language addressing the issue of privacy relating to your medical information. The HIPAA release language allows the designated person or persons to obtain all medical information about you. This release language is in response to a privacy law, known as the Health Insurance Portability and Accountability Act, which makes it difficult for anyone other than you to obtain this type of information.

The Medical Power of Attorney allows the designated person or persons to consent to medical care on your behalf should you suffer an injury or become mentally disabled. The Medical Power of Attorney is designed to become effective if you become unable to make health care decisions and that fact is certified in writing by a physician. The appointed agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. The agent's authority begins when the physician certifies that you no longer have the capacity to make health care decisions. Unless stated otherwise, the named agent has the same authority to make decisions about your health care as you would have had.

We recommend that you name a primary agent on this document. We also recommend that you name one or more successor agents to serve in the event the primary agent is unable to serve. Please take some time to consider who you would like to name as primary and successor agents.

CLIENT 1

CLIENT 2

5. Name: _____

Name: _____

6. Name: _____

Name: _____

7. Name _____

Name: _____

8. Name _____

Name: _____

DECLARATION OF GUARDIAN FOR MINOR CHILDREN:

If you have minor children, the Declaration of Guardian allows you to name a person or persons to serve as guardians for the minor child or children named in the form in the event you pass away or become incapacitated before they attain the age of eighteen. If you have minor children, please take some time to consider who you would want making legal and medical decisions for them. If you want to name a married couple as guardian for your minor children, then if one of those two individuals were unable to serve as guardian, would you want the remaining individual to serve alone as guardian for your minor children, or if such event occurred, would you rather your second choice of guardian serve?

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

PROFESSIONAL ADVISOR INFORMATION

Do you have any of the following professional advisors?

[Note: Please circle appropriate response and complete information requested.]

1. **Accountant/Tax Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

2. **Investment/Financial Advisor:** Yes No Not Sure

Advisor's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

3. **Life Insurance Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

4. **Property/Casualty Agent:** Yes No Not Sure

Agent's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____

5. **Other Attorney:** Yes No Not Sure

Attorney's Name: _____

Address (City/State/Zip): _____

Phone: _____ Email: _____