

LAW OFFICES OF RAY A. JOHNSON, PLLC

WILL AND TRUST PLANNING INFORMATION

Your Will and Last Testament ("Will") makes a statement. It directs how the assets you have accumulated over a lifetime will be distributed. Your Will also reveals who and what has been important to you. Wills can be simple or complex, depending on your needs and desires.

Traditionally Wills have been simple in format. A simple Will directs the payment of debts and then distributes the remainder to individuals or institutions either by specific item or by amount or percentage. For some, such a Will is appropriate and accomplishes their goals.

Others may need a more complex Will. The possible ways to divide and distribute an estate are too numerous to explain here. But, the best way to prepare for discussing your Will with us, as your attorney, is to begin by identifying what you want to achieve with your accumulated assets. Who or what do you want to support? Do you have a spouse, child or grandchild who may need special or ongoing care when you are gone?

Most of us will want a Will made up of both types of bequests – direct gifts as well as goals needing special instructions and administration to accomplish.

As your attorney, we must understand what you wish to accomplish. Only then can a Will be designed that is a true statement of your wishes.

Record goals you wish your will to accomplish. Several common choices are:

- | | |
|---|---|
| <input type="checkbox"/> Recognize special needs of a child or other relative | <input type="checkbox"/> Fulfill current giving pledge to my church |
| <input type="checkbox"/> Provide for my spouse | <input type="checkbox"/> Give specific gift to a dear friend |
| <input type="checkbox"/> Provide a college education for my grandchildren | |

Other Goals:

SECTION I: CLIENT PERSONAL DATA

Full Name: _____
(First) (Middle) (Last) (Maiden if applicable)

Name as commonly used: _____

Do you use any other name or nickname on deeds, bonds, stocks, bank accounts, etc? Yes No

If yes, other name(s) you have used: _____

How do you usually sign your name? _____

Date of Birth: _____ Place of Birth _____ SSN: _____

Home Address: _____
(Street)

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Do you consider the above home address to be your home? Yes No

If no, what state (or District of Columbia) do you consider to be your home? _____

Address at 2nd Home: _____

Employer: _____

Business Address: _____

Occupation/Duties: _____

Country of Citizenship: _____

Marital Status: Single Divorced Widowed Married

Date of Current Marriage: _____

List all previous marriages, if any, by spouse and year. Indicate whether the marriage ended by death or divorce and the year it ended. If married, but separated, please indicate the year separation started.

Spouse	Marriage Date and Place	Death/Divorce/ Separated	Date
_____	_____	_____	_____
_____	_____	_____	_____

Children (All children including those who have died and children by previous marriages) *

1. Child's Full Name: _____ Date of Birth: _____

Name of Child's Other Parent: _____

Living: Yes No Adopted: Yes No

Married: Yes No Under 18 Years Old: Yes No

Child's Spouse's Full Name (If Married): _____

Address: _____

City: _____ State: _____ Zip: _____

2. Child's Full Name: _____ Date of Birth: _____

Name of Child's Other Parent: _____

Living: Yes No Adopted: Yes No

Married: Yes No Under 18 Years Old: Yes No

Child's Spouse's Full Name (If Married): _____

Address: _____

City: _____ State: _____ Zip: _____

3. Child's Full Name: _____ Date of Birth: _____

Name of Child's Other Parent: _____

Living: Yes No Adopted: Yes No

Married: Yes No Under 18 Years Old: Yes No

Child's Spouse's Full Name (If Married): _____

Address: _____

City: _____ State: _____ Zip: _____

***If additional space is needed, please attach a separate sheet and list details.**

Grandchildren (List All) *

<u>Name and Address</u>	<u>Under 18 Years Old?</u>	<u>Name Each Parent of Grandchild</u>
1. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
2. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
3. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
4. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____

Your Parents

Alive: Father: Yes No Mother: Yes No

Name: _____

Address (If Alive): _____

City: _____ State: _____ Zip: _____

Approximate Ages: _____

Do you expect an inheritance from your parents or someone else? Yes No

Approximate Amount: _____ From Whom: _____

Your Brothers and Sisters

Number of Siblings: Living _____ Dead _____

Sibling to be Contacted if Necessary:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

List All Other Brothers and Sisters: *

<u>Name and Address</u>	<u>Is Sibling Alive? (Yes / No)</u>
1. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Closest living relatives if not listed above: *

Name / Address / Relationship

***If additional space is needed, please attach a separate sheet and list details.**

OTHER FAMILY, FRIENDS AND ORGANIZATIONS I AM INCLUDING IN MY WILL: (If the Wills of you and your spouse are not to be identical, both of you need to complete separately all of the following blanks where the information provided for each is different including Sections IV and V)

Name: _____ Relationship _____

Address: _____

Name: _____ Relationship _____

Address: _____

Name: _____ Relationship _____

Address: _____

Your Church Name and Address: _____

Spouse Personal Data

Full Name: _____
 (First) (Middle) (Last) (Maiden if applicable)

Name as commonly used: _____ Other names used _____

Date of Birth: _____ Birthplace _____ SSN: _____

Employer: _____ Phone Number: (____) _____

Business Address: _____

Occupation/Duties: _____

List of all previous marriages, if any, by spouse and year. Indicate whether the marriage ended by death or divorce and the year it ended.

Spouse	Marriage Date	Death/Divorce	Date
_____	_____	_____	_____
_____	_____	_____	_____

Spouse's Parents

Alive: Father: Yes No Mother: Yes No

Name: _____

Address (if alive): _____

City: _____ State: _____ Zip: _____

Approximate Ages: _____

Does your spouse expect an inheritance from his/her parents or someone else? Yes No

Approximate Amount: _____ From Whom?: _____

Spouse's Brothers and Sisters

Number of siblings: Living _____ Dead _____

Sibling to be contacted if necessary:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

List All Other Brothers and Sisters of Spouse: *

<u>Name and Address</u>	<u>Is Sibling Alive?</u>
1. _____ (Name) (Address)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____ (Name) (Address)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____ (Name) (Address)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II: WILL AND TRUST INFORMATION

Have you ever made prior wills? Yes No

If yes, for each such will, please indicate the following:

When was the will made?: _____ Was it revoked? Yes No

If yes, how and when? _____

Where are the prior wills now? _____

Funeral:

Do you have any directions concerning your funeral, burial, cremation, interment? Yes No

If yes, give directions: _____

Do you wish to leave the amount of the funeral expenses to the discretion of the Personal Representative? Yes No

Maximum amount to be spent on funeral, if any: \$ _____

Personal Representatives:

Who do you (and/or your spouse, if applicable) wish to have serve as your Personal Representative? (The person who administers your Will.) Please name at least three persons in the order you wish them to serve. The spouse will usually be the first choice.

Client	Spouse
1. _____	1. _____
2. _____	2. _____

Trustees:

Who do you (and/or your spouse, if applicable) wish to have serve as Trustees for your Trust when you (and/or your spouse, if applicable) can no longer serve? Name at least three persons and/or institutions such as banks. The same person can serve as Personal Representative and Trustee. The surviving spouse can be the sole Trustee as long as he or she can serve. You may require two or more of the Trustees to act jointly.

- Name(s): _____
Address(es): _____
- Name(s): _____
Address(es): _____
- Name(s): _____
Address(es): _____

Special Instruction: (Act Singly; Act Jointly; Other)

Guardians:

In the event that both you and your spouse, if applicable, die, a Guardian must be named for each of your minor children. The same Guardian does not need to be named for all of the children, i.e., a different Guardian could be named for each child, but usually one Guardian is named for all the children. You may place restrictions on the Guardian, such as the Guardian must raise the children in your home, the Guardian must have a certain marital status, or the Guardian must be in good health. Name three Guardians in the order you want them to serve.

1. Name(s): _____
Address(es): _____
Restrictions: _____
2. Name(s): _____
Address(es): _____
Restrictions: _____
3. Name(s): _____
Address(es): _____
Restrictions: _____

Distributions of estate after both you and your spouse are dead:

(It is assumed that the entire estate will be held for the surviving spouse during his or her life.) For example: "I/We wish all of our assets to be distributed equally among the children. If one child predeceases us, his or her share should go to his or her children (or spouse)." (Designate who, what, how much, and the time and manner of each division, i.e., all or part, immediately or at specific ages, equal among children, 1/3 at age 25, 1/3 at age 30, remainder at age 35, etc.)

Additional distribution considerations:

If all of your children predeceases you and your spouse, then what? For example: "If all of our children predeceases us, than hold the estate in trust for my parents and my spouse's parents. When they are dead, divide the trust equally among my and my spouse's brothers and sisters or their children. Because our families are small, there is a chance that all of our 'heirs' may predecease us. If there are no heirs, we want to give all of our property to the 'XYZ' Church (or some other charitable institution)."

Dollies and Doilies:

Most personal effects can be disposed of in a personal letter authorized in the Will or as a listing as part of the Trust, but there might be some very special personal effects such as family heirlooms that should be specifically mentioned in the Will and/or Trust. Please list such special items.

Item Description	Current Owner	To Whom	Contingent Person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you wish to make a bequest to a charity after your death, please write the circumstances under which such a gift should be made. (“After my wife and I are dead, 10% of our estate should be given to the XYZ Foundation to be used for breast cancer research.”)

SECTION III: ASSETS AND LIABILITIES

In this section you are to record your assets and liabilities. If there is insufficient space, for example, you have twenty Certificates of Deposit, attach a separate sheet and record the total. Refer to the separate sheet for detail. Separate sheets may be desirable in those cases where assets are changed rapidly. [NOTE: Pencil can be erased easily. Ink if difficult to erase.]

In recording you assets please indicate ownership according to the following abbreviations: M = Self Only, S = Spouse Only, J = Jointly With Other(s), O = Other (e.g. community property or in trust for someone)

CASH (checking, savings, money market accounts)

BANK	BRANCH ADDRESS	NAME(S) ON ACCOUNT	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

STOCKS

COMPANY	NUMBER OF SHARES	DATE ACQUIRED	COST BASIS	STOCK OWNER'S NAME	CURRENT VALUE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For each stock indicate where the certificates are held. Use * for those in your name; ** for those held at broker's office. Indicate your broker in Section V.

CERTIFICATES OF DEPOSIT

ISSUER	AMOUNT	MATURITY DATE	INTEREST RATE	CD OWNER'S NAME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BONDS (U = US bonds; M = Municipal; C = Commercial)

ISSUER AND TYPE	FACE AMOUNT	MATURITY DATE	FACE INT.	COST BASIS	BOND OWNER'S NAME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MUTUAL FUNDS

NAME OF FUND	UNITS	FUND OWNER'S NAME	COST BASIS	DATE OF 1 ST PURCHASE	CURRENT VALUE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER REAL ESTATE (Types are H = Home; I = Improved; U = Unimproved)

DESCRIPTION OR ADDRESS	TYPE	COST BASIS	PURCHASE DATE	MORTGAGE DATE	MORTGAGE AMOUNT	MARKET VALUE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

INSURANCE POLICIES (Types: W = Whole Life, U = Universal Life, T = Term, O = Other; Owner: 1 = I own my life insurance policy; 2 = someone else owns my life insurance policy, 3 = I own someone else's life insurance policy)

ISSUING COMPANY	POLICY NUMBER	FACE AMOUNT	ISSUE DATE	OWNER	TYPE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RETIREMENT ACCOUNTS (Types are I = IRA; K = Keogh; C = Company; B = 401k or 403(b); D = Deferred Annuity; or O = Other)

COMPANY MAKING PAYMENTS OR MANAGING ASSETS	TYPE	ANNUAL INCOME	STARTING DATE	CURRENT VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER ASSETS (Such as annuities, trusts, partnerships, royalties, business interests, accounts receivables, collectibles, personal items). Use the following spaces to describe the asset, your interest, cost basis, others involved, etc.

LIABILITIES (Including mortgages on property listed above)

CREDIT CARD COMPANY *	ACCOUNT NUMBER	IF LOST, PHONE	AVERAGE BALANCE	CURRENT BALANCE
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

NOTES OR LOANS (Including home mortgage) *

PAYMENTS TO WHOM	COLLATERAL	INITIAL AMOUNT	PAYMENTS (PER ?)	FINAL PAYMENT DUE	CURRENT BALANCE
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Gathering the above information is important in helping you; us, as your attorney; and your personal representative. Some assets and liabilities may be overlooked. List below where you keep your valuables or evidence of them (e.g. a payment receipt for a CD held at your bank).

LOCATION	ITEMS FOUND THERE
SAFE DEPOSIT BOX	
LOCATED AT: _____	_____
_____	_____
_____	_____
HOME IN A (file, Safe, or: _____	_____
_____	_____
_____	_____
OTHER LOCATION(S):	
_____	_____
_____	_____
_____	_____

SECTION IV: POWERS OF ATTORNEY

As we age, we may not be able to care for ourselves physically or mentally. In this event it is important that someone we trust has legal authority to provide this care. A Durable Power of Attorney gives the legal authority to an individual to act on your behalf. A Durable Medical Power of Attorney allows someone to make medical decisions on your behalf. Both of these powers give significant authority over your life. Choose these people very carefully.

DURABLE POWER OF ATTORNEY (Can be spouse. If not, the person should be younger than you.)

1st Choice _____ Relative? _____

Address _____

2nd Choice _____ Relative? _____

Address _____

MEDICAL POWER OF ATTORNEY (Check to see restrictions in your state)

1st Choice _____ Relative? _____

Address _____

2nd Choice _____ Relative? _____

Address _____

SECTION V: ADDITIONAL INFORMATION

A. Accountant

Firm Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

B. Bank

Bank: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

C. Stock Broker

Firm Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

D. Insurance Agent

Firm Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

E. Financial Planner

Firm Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

F. Pastor

Church: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

G. Other

Company Name (or church): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____