

Confidential Estate Planning Questionnaire

**FOR MEMBERS
WHO DO NOT
ALREADY HAVE A
LIVING TRUST**

FOR OFFICE USE ONLY—Date: _____ Interviewer: _____

INSTRUCTIONS:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- If you have prior estate planning documents, such as a Will or Trust, please bring them with you.
- If you are married, BOTH spouses must attend the first meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.
- If previously divorced, bring court documents regarding the divorce if you can.
- **PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.**
The more you complete, the better your meeting will be!

Part One: Personal Information

Your Name _____ Legal AKA (if any) _____
Date of Birth ____/____/____ U.S. Citizen? ☐ Y ☐ N Are you retired? ☐ Y ☐ N If not, when? _____
Cell Phone (____)____-____ Personal E-mail _____
Is Your Health? ☐ Good ☐ Fair ☐ Poor (Describe any current problems: _____)
Have you had any major surgeries in the past 10 years? ☐ Y ☐ N Describe: _____
Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N
Were you previously married? ☐ Y ☐ N (If you had a divorce agreement, please bring it)
Occupation (or prior one, if retired): _____
Employer _____ Work Phone (____)____-____
Are you (or your spouse) a military veteran? ☐ Y ☐ N
Are you (or your spouse) a member of AARP? ☐ Y ☐ N

Your Spouse's Name _____ Legal AKA (if any) _____
Date of Birth ____/____/____ U.S. Citizen? ☐ Y ☐ N Are you retired? ☐ Y ☐ N If not, when? _____
Cell Phone (____)____-____ Personal E-mail _____
Is Your Health? ☐ Good ☐ Fair ☐ Poor (Describe any current problems: _____)
Have you had any major surgeries in the past 10 years? ☐ Y ☐ N Describe: _____
Are you (or your spouse) receiving home care or assisted living care? ☐ Y ☐ N
Were you previously married? ☐ Y ☐ N (If you had a divorce agreement, please bring it)
Occupation (or prior one, if retired): _____
Employer _____ Work Phone (____)____-____

Home Address _____
City _____ State _____ Zip _____
County of _____
Home Phone (____)____-____ Fax, if Any (____)____-____

Children and Family

If you have more than 4 children, copy this page as needed to add the additional children and family information. This applies to both minor and grown children. Also, copy any other pages where additional information is needed.

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
1. _____	M F	___ / ___ / ___	Ours His Hers	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
2. _____	M F	___ / ___ / ___	Ours His Hers	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
3. _____	M F	___ / ___ / ___	Ours His Hers	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
4. _____	M F	___ / ___ / ___	Ours His Hers	_____
Address _____				
Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____				
E-mail _____ Marital Status _____				
Are you concerned with this child's ability to manage money? <input type="checkbox"/> Y <input type="checkbox"/> N				
Does this child have a Living Trust? <input type="checkbox"/> Y <input type="checkbox"/> N If so, was it prepared by us? <input type="checkbox"/> Y <input type="checkbox"/> N				

Do all of your children get along? ☐ Y ☐ N

Do you have any deceased children? ☐ Y ☐ N

If so, do they have any surviving children and/or grandchildren? ☐ Y ☐ N

Names _____

Do any of your children have step-children? ☐ Y ☐ N If so, which child(ren) and how many?

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

Any children, grandchildren or great-grandchildren that were born out of wedlock? ☐ Y ☐ N

Do any of your children, grandchildren or great-grandchildren have major medical problems? ☐ Y ☐ N

Do you want to exclude anyone from receiving any portion of your estate? ☐ Y ☐ N

If so, whom? _____

Do you (or your spouse) have a trust with a previously deceased spouse? ☐ Y ☐ N

What is the name, address, e-mail address and phone number of your CPA or Tax Preparer? _____

What is the name, address, e-mail address and phone number of your Financial Advisor? _____

What are your goals in creating or upgrading your estate plan? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Avoiding Probate | <input type="checkbox"/> Avoiding Estate Taxes |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance | <input type="checkbox"/> Passing on my values as well as my assets |
| <input type="checkbox"/> Making sure my loved ones don't squander it | <input type="checkbox"/> Peace of mind |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career | |
| <input type="checkbox"/> Other: _____ | |

For Married Couples Only

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets community property? ☐ Y ☐ N

Did you or your spouse receive any valuable gifts or inheritances after marriage? ☐ Y ☐ N

Would you consider future inheritances as community property? ☐ Y ☐ N

Did you or your spouse come into your marriage with any substantial assets? ☐ Y ☐ N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) ☐ Y ☐ N

Part Two: Financial Information

INSTRUCTIONS:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.
- Watch for REMINDERS regarding papers we would like you to bring in.

Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Institution	Ownership	Account Type (Checking, Savings, CD)	Approx. Balance
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above) _____

Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 5.

Stock	Ownership	Shares (Number of shares)	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	_____	\$ _____
Total Value:			\$ _____

Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 7.

Name of Firm of Fund/Account	Ownership	Approx. Market Value
1. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
2. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
3. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
4. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
5. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
6. _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$ _____
Total Value:		\$ _____

Are any of these accounts "POD" (pay on death), "TOD" (transfer on death) or "ITF" (in trust for someone)?

☐ Y ☐ N If yes, which ones? (insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? ☐ Y ☐ N

Would you like more spendable income from your investments? ☐ Y ☐ N

Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.").

Name of Debtor	Secured by T.D.?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
Total Value:				\$ _____

Do any of your children owe you money? ☐ Y ☐ N

If yes:	Who?	How Much?	Reduce child's share by amount owed?
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

REMINDER: Please bring both the GRANT DEED or a recent PROPERTY TAX BILL for each property.

Property Address	Original Cost	Current Value	Debt or Mortgage	Net Value
1. (LIST PRIMARY RESIDENCE HERE)	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$

Net annual cash flow on rental real estate: \$
(If not sure, please bring copy of recent tax return.)

Total Net Value: \$

Which #?

- Are you planning on selling any of your real estate soon?

☐ Y ☐ N
- Would you consider selling if you could avoid capital gains taxes?

☐ Y ☐ N
- Are any properties owned with someone other than your spouse?

☐ Y ☐ N
- Are any properties owned by an entity? (such as a Corp., LLC, FLP)

☐ Y ☐ N
- Do any of your children (or other relatives) reside on any of your properties?

☐ Y ☐ N

IRA Accounts & Company Retirement Plans (including qualified annuities)

Custodian of Account <small>(Bank, Broker, Employer)</small>	Type <small>(IRA, 401K, etc.)</small>	Account Owner <small>(Husband or Wife)</small>	Primary Beneficiary	Secondary Beneficiary	Approx. Value
1. _____	_____	H or W _____	_____	_____	\$ _____
2. _____	_____	H or W _____	_____	_____	\$ _____
3. _____	_____	H or W _____	_____	_____	\$ _____
4. _____	_____	H or W _____	_____	_____	\$ _____
5. _____	_____	H or W _____	_____	_____	\$ _____
Total Value:					\$ _____

Are you concerned about your future retirement income? ☐ Y ☐ N

Life Insurance

Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____	\$ _____
Total Value:						\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? ☐ Y ☐ N

Do you have parents or other relatives in assisted living? ☐ Y ☐ N

Non-Qualified Annuities (Not a Retirement Plan) (Please list qualified annuities separately above.)

Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
Total Value:				\$ _____

Limited or General Partnerships

Name of Partnership	Limited or General?	Ownership %	Total Market Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
Total Value:			\$ _____

Businesses

Business Name	Is it a LLC or Corporation?	Ownership %	Buy-Sell Agreement?	Total Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
Total Value:				\$ _____

Anticipating selling your business(es) anytime soon? ☐ Y ☐ N

Other Assets

Are you expecting any inheritances soon? ☐ Y ☐ N

If so, from whom? _____ Approximately how much? \$ _____

Please list unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.

Miscellaneous Information

What are your favorite hobbies? ☐ Antiques ☐ Arts/Crafts ☐ Coin Collecting ☐ Computers
☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening ☐ Golf ☐ Photography ☐ Puzzles/Games
☐ Reading ☐ Sewing/Knitting ☐ Shopping ☐ Spectator Sports ☐ Tennis ☐ Traveling
☐ Other: _____

What are your spouse's favorite hobbies? ☐ Antiques ☐ Arts/Crafts ☐ Coin Collecting
☐ Computers ☐ Cooking ☐ Exercise ☐ Fishing ☐ Gardening ☐ Golf ☐ Photography
☐ Puzzles/Games ☐ Reading ☐ Sewing/Knitting ☐ Shopping ☐ Spectator Sports ☐ Tennis
☐ Traveling ☐ Other: _____

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from becoming a member of the Association and using the estate planning benefits?

Name _____

Address _____

Name _____

Address _____

Are you (or your spouse) a part of any local groups, clubs, or organizations? ☐ Y ☐ N

If so, which ones? _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for completing the Questionnaire!

ASSET PROTECTION ASSOCIATION
Living Trust
Itemized Untitled Personal Property

List Properties to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

This worksheet expands on the categories you chose on the Trust Funding Worksheet.

Use the Letter Code for each Asset Class

**A Household goods, furniture,
and furnishings**

D Untitled recreational equipment

B Clothing and personal effects

E Collections, collectibles, and antiques

C Jewelry

F Works of art

When describing your personal property to be transferred, group them by each Grantor if they are owned individually and create a group of jointly owned assets that are owned by both spouses.

You can choose the suggested "all-inclusive" language alone,* add to it, or describe the asset(s) in your own words. Items with significant value should be specifically itemized.

* *All Inclusive Language* means all the assets in the named asset class will be transferred without having to itemize. However, you can add itemized assets to the *all inclusive* or you can itemize only.

Asset Class	Who Owns	Check for	Or	All Incl.	
Code	Which Grantor	All Inclusive	Itemized	PLUS	
	Or Both	Language	ONLY	Itemize	Description

Example: jewelry owned by wife to transfer as *All Inclusive* Plus one special ring to be itemized.

C	Grantor 2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 Carat Diamond Cocktail Ring set in Gold
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

[illegible]

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Titled Vehicles
(car, truck, RV, boat, trailer, airplane, etc.)

Enter a type of the titled vehicle, such as a car, truck, motorcycle, boat, trailer or airplane. Note: It is sometimes recommended that the grantor's personal vehicles NOT be transferred to the trust due to potential liability they can bring to the trust, insurance complications, and some lenders will not allow the transfer. (If a vehicle has a loan check with your lender first if you wish to make the transfer.)

Each type of vehicle will require the title to be transferred through the government agency that regulates the particular item, such as state DMV or federal FAA. You will need to finalize the title transfer through the appropriate agency for the asset to be considered "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Owner _____

Type _____

Type _____

Year _____

Year _____

Make _____

Make _____

Model _____

Model _____

VIN _____

VIN _____

Description _____

Description _____

Owner _____

Owner _____

Type _____

Type _____

Year _____

Year _____

Make _____

Make _____

Model _____

Model _____

VIN _____

VIN _____

Description _____

Description _____

(Copy this page for more vehicles.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Bank & Brokerage Accounts

(brokerage, savings, checking, money market accounts and certificates of deposit)

Enter a description of the bank and the type of account, such as brokerage, savings, checking, money market, or certificate of deposit. Note: It is sometimes recommended that the grantor's regular checking account (used to pay monthly expenses) NOT be transferred to the trust. Each account will need to be transferred at the bank or institution to be considered "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

Owner _____

Account Type _____

Bank Name _____

Address _____

Acct # _____

(Copy this page for more banks or brokerages.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Publicly-Traded Securities
(stocks, bonds, commodities, futures)

Enter a description of the publicly-traded security such as stocks and bonds. Note: The "CUSIP" number is an identification number assigned to each publicly-traded security. Indicate those ID numbers if you know them. Each security will need to be transferred with the security issuing organization to be considered "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

Owner _____

Security Type _____

Security Name _____

No. Shares / Units _____

CUSIP number _____

Other Info _____

(Copy this page for more public securities.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Privately-Held Securities, Partnerships, Closely Held Business
(corporation, LLC, partnership, no restrictions on transfer)

Enter a description of the privately-held security (with known restrictions on re-transfers), such as stocks, bonds, units of a limited liability company or partnership interests. Each security will need to be transferred with the security issuing organization to be considered "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

Owner _____

Entity Type _____

Name _____

No. Shares / Units / % _____

Other Info _____

(Copy this page for more private securities.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Personal Residence Real Estate

This document is to be used only for the Grantor(s)' personal residence. Like any real estate it must be conveyed by deed to the Trustee on behalf of the living Trust for the property to be "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner as written on the Deed _____

Check Type of Residence: Single Home Dwelling ☐ Duplex or Similar ☐ Condo/Townhouse ☐ Farm ☐
 Other Description ☐ _____

Property Address _____

County _____

Legal Description _____

Has your residence property been HOMESTEADED in your County and State? ☐ YES ☐ NO

If any, describe any property tax exemptions, special tax considerations or tax problems: _____

Do you have a mortgage on the property? ☐ YES ☐ NO (if YES, describe below)

Do you have additional mortgage(es)? ☐ YES ☐ NO (if YES, describe below)

Primary Mortgage Lender/Service & Account/Loan Number _____

Address, Phone, Email _____

Unpaid Balance \$ _____ Are you current on payments? ☐ YES ☐ NO (if NO, explain)

2nd Mortgage Lender/Service & Account/Loan Number _____

Address, Phone, Email _____

Unpaid Balance \$ _____ Are you current on payments? ☐ YES ☐ NO (if NO, explain)

(If you have more mortgages copy this page and add the information.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Real Estate

Real Estate must be conveyed by deed to the Trustee on behalf of the living Trust for the property to be "in the trust."

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors. ("Residence" checked on this form is not your personal residence.)

Owner _____

Check Type: Residence ☐ Commercial/Investment ☐

Property Address _____

County _____

Brief Legal Description _____

Lender _____

Lender Address _____

Unpaid Balance \$ _____

Owner _____

Check Type: Residence ☐ Commercial/Investment ☐

Property Address _____

County _____

Brief Legal Description _____

Lender _____

Lender Address _____

Unpaid Balance \$ _____

Owner _____

Check Type: Residence ☐ Commercial/Investment ☐

Property Address _____

County _____

Brief Legal Description _____

Lender _____

Lender Address _____

Unpaid Balance \$ _____

Owner _____

Check Type: Residence ☐ Commercial/Investment ☐

Property Address _____

County _____

Brief Legal Description _____

Lender _____

Lender Address _____

Unpaid Balance \$ _____

(Copy this page for more Real Estate.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Promissory Notes & Installment Agreements

Secured (such as mortgage notes) and unsecured obligations payable to you.

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2,** or **Both Grantors** if owned by both spousal grantors.

Owner _____

Check Type: Secured ☐ Unsecured ☐

Borrower _____

Original Loan Amount \$ _____

Unpaid Balance \$ _____

Date Loan Created _____

How Secured (if secured) _____

Payment Terms _____

Owner _____

Check Type: Secured ☐ Unsecured ☐

Borrower _____

Original Loan Amount \$ _____

Unpaid Balance \$ _____

Date Loan Created _____

How Secured (if secured) _____

Payment Terms _____

Owner _____

Check Type: Secured ☐ Unsecured ☐

Borrower _____

Original Loan Amount \$ _____

Unpaid Balance \$ _____

Date Loan Created _____

How Secured (if secured) _____

Payment Terms _____

Owner _____

Check Type: Secured ☐ Unsecured ☐

Borrower _____

Original Loan Amount \$ _____

Unpaid Balance \$ _____

Date Loan Created _____

How Secured (if secured) _____

Payment Terms _____

(Copy this page for more Promissory Notes & Installment Agreements.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Oil, Gas & Mineral Rights

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Owner _____

Description _____

Check type of interest held:

Check type of interest held:

Personal Property ☐ Real Property ☐ Both ☐

Personal Property ☐ Real Property ☐ Both ☐

Owner _____

Owner _____

Description _____

Check type of interest held:

Check type of interest held:

Personal Property ☐ Real Property ☐ Both ☐

Personal Property ☐ Real Property ☐ Both ☐

(Copy this page for more Oil, gas & Mineral.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Incentive Stock Options

Enter a description of the incentive stock options ("ISOs"). In most cases, it is not advisable to transfer ISOs into a living trust.

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Name & Type of Option _____

Number Held _____

Date Received _____

Check if the incentive stock options have been exercised

☐

Owner _____

Name & Type of Option _____

Number Held _____

Date Received _____

Check if the incentive stock options have been exercised

☐

Owner _____

Name & Type of Option _____

Number Held _____

Date Received _____

Check if the incentive stock options have been exercised

☐

Owner _____

Name & Type of Option _____

Number Held _____

Date Received _____

Check if the incentive stock options have been exercised

☐

(Copy this page for more Incentive Stock Options.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Patents, Copyrights & Trademarks

If the description entered here will also be used in the Bill of Transfer, then in most cases, in order to properly convey the patent, copyright or trademark/service mark, the description should conform substantially to the examples indicated in the **Living Trust Funding Worksheet Guide Topic "Patents, Copyrights and Trademarks."**

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Check type:

Patent ☐ Copyright ☐ Trade/Service Mark ☐

Description _____

Check status as fits the type and current circumstance

Application not yet filed ☐ Applied For ☐

Pending ☐ Not Registered ☐ Registered ☐

Owner _____

Check type:

Patent ☐ Copyright ☐ Trade/Service Mark ☐

Description _____

Check status as fits the type and current circumstance

Application not yet filed ☐ Applied For ☐

Pending ☐ Not Registered ☐ Registered ☐

Owner _____

Check type:

Patent ☐ Copyright ☐ Trade/Service Mark ☐

Check status as fits the type and current circumstance

Application not yet filed ☐ Applied For ☐

Pending ☐ Not Registered ☐ Registered ☐

Owner _____

Check type:

Patent ☐ Copyright ☐ Trade/Service Mark ☐

Check status as fits the type and current circumstance

Application not yet filed ☐ Applied For ☐

Pending ☐ Not Registered ☐ Registered ☐

(Copy this page for more Patents, Copyrights & Trademarks.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Life Insurance Policies

Usually changing the life insurance beneficiary to the trust will satisfy most needs. Changing the ownership of a policy sometimes has tax ramifications, so it is wise to seek tax advice before changing the ownership. (Only the owner, not the named insured can make policy changes.)

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Policy Owner _____

Name of Insured _____

Check type of Policy

Term ☐ Whole Life ☐ Universal ☐ Other ☐

Company _____

Address _____

Policy Face Amount \$ _____

Policy Cash Value (if any) \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or
Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or
Other Contingent? ☐ _____

Change Owner? To the Trust? ☐ , or Other? ☐ _____

Policy Owner _____

Name of Insured _____

Check type of Policy

Term ☐ Whole Life ☐ Universal ☐ Other ☐

Company _____

Address _____

Policy Face Amount \$ _____

Policy Cash Value (if any) \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or
Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or
Other Contingent? ☐ _____

Change Owner? To the Trust? ☐ , or Other? ☐ _____

(Copy this page for more Life Insurance Policies.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Qualified (employment) Retirement Plans

It is recommended that the OWNERSHIP of retirement plan accounts NOT be transferred to a living trust because such a transfer will usually cause immediate tax recognition of the entire account. Instead, perhaps the living trust can be designated as the beneficiary of the plan. But if the grantor is married, it is nearly always recommended that the spouse be designated as the primary beneficiary, and the living trust be designated as the contingent beneficiary (if the spouse fails to survive the grantor, or after the spouse's death). **See the Living Trust Funding Worksheet Guide Topic "Qualified (employment) Retirement Plan."**

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, or Grantor 2.**

Owner _____

Type and Name of Plan _____

Company _____

Address _____

Current value \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or
Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or
Other Contingent? ☐ _____

Owner _____

Type and Name of Plan _____

Company _____

Address _____

Current value \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or
Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or
Other Contingent? ☐ _____

(Copy this page for more Qualified (employment) Retirement Plans.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Individual Retirement Accounts
(Such as (IRA) or Keogh Account)

he OWNERSHIP of IRA and Keogh accounts should NOT be transferred to a living trust because such a transfer will cause immediate tax recognition of the entire account. Instead, if the grantor is single, the living trust can be designated as the BENEFICIARY of the account. But if the grantor is married, it is nearly always recommended that the spouse be designated as the primary beneficiary, and the living trust be designated as the contingent beneficiary (if the spouse fails to survive the grantor, or after the grantor's death). In this way, the spouse can elect to "roll over" the grantor's IRA to the spouse's IRA and achieve further deferral, if that is desired at the time. **See the Living Trust Funding Worksheet Guide Topic " Individual Retirement Account or Keogh Account."**

When listing the Owner (Transferor) indicate **Sole Grantor, Grantor 1, Grantor 2, or Both Grantors** if owned by both spousal grantors.

Owner _____

Name of Account _____

Custodian _____

Address _____

Current value \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or

Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or

Other Contingent? ☐ _____

Owner _____

Name of Account _____

Custodian _____

Address _____

Current value \$ _____

Current Primary Beneficiary(ies) _____

Change Primary Beneficiary? To the Trust? ☐ , or

Other Beneficiary(ies)? ☐ _____

Current Contingent Beneficiary(ies) _____

Change Contingent Beneficiary? To the Trust? ☐ , or

Other Contingent? ☐ _____

(Copy this page for more Individual Retirement Accounts.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Personal Debts

(mortgages, vehicles, credit card, medical, student loans, personal loans, etc.)

If desired, enter a description of the debts of the Grantor(s). Although debts should not be transferred to a living trust, including them in this worksheet may be useful information for the successor trustee.

When listing the Owner (Debtor) indicate **Sole Grantor, Grantor 1, Grantor 2,** or **Both Grantors** if owned by both spousal grantors.

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

Owner/Debtor _____

Creditor Name _____

Address _____

Type of Debt _____

Amount Owed \$ _____

(Copy this page for more Personal Debts.)

ASSET PROTECTION ASSOCIATION
Itemized Assets to Be Transferred into the Living Trust

Use for both Joint Living Trust with Spousal Grantors and Single Grantor Living Trust

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____
or Sole Grantor

Casualty Insurance Policies

After insured assets have been transferred to a living trust, the insurance agent should be notified of the change. The named insured on the policy should be amended to add the trustee. The change should not affect the coverage or cost of the policy.

Name of Insured _____

Name of Insured _____

Type of Coverage (home, auto, etc.) _____

Type of Coverage (home, auto, etc.) _____

Insurance Company _____

Insurance Company _____

Policy # _____

Policy # _____

Agent _____

Agent _____

Address _____

Address _____

Phone _____

Phone _____

Name of Insured _____

Name of Insured _____

Type of Coverage (home, auto, etc.) _____

Type of Coverage (home, auto, etc.) _____

Insurance Company _____

Insurance Company _____

Policy # _____

Policy # _____

Agent _____

Agent _____

Address _____

Address _____

Phone _____

Phone _____

(Copy this page for more Casualty Insurance Policies.)

ASSET PROTECTION ASSOCIATION
Joint Living Trust Questionnaire

For assistance refer
to the Living Trust
Information TOPIC as
indicated next to the
question.



Who is this Living Trust being created for?

(Grantor 1) Legal Name: _____

Home Address: _____

(Spouse, Grantor 2) Legal Name: _____

Home Address: _____

Is the Trust amending or replacing a previous Living Trust? .. YES ____ NO ____

If Yes, Name and date of previous Trust: _____

Date the Living Trust Becomes Effective? _____

Do you want to specify which spouse died first, if died at the same time?

(Select "Yes" to specify the order of death between you and your spouse.) YES ____ NO ____

If you selected YES, then select who should be presumed to have died first if both you
and your spouse die at the same time. Grantor 1 ____ Grantor 2 ____

Will the Grantors be allowed to control Trust investments if mentally competent?

Grantors can be allowed to control the investments of the Joint Living Trust, even if a successor
Trustee has been appointed. YES ____ NO ____

Do you have any children (either of Grantors)? YES ____ NO ____

(If yes, your children should be listed in the Confidential Estate Planning Questionnaire.)

If YES, how many Children (minor and adult)? _____

Do you want to include any future children in this Trust? YES ____ NO ____

(Select "Yes" if any references in this Trust to your children should include any children born to or
adopted by you and your spouse after the signing of the Trust.)

Are any of your children intentionally excluded as beneficiaries of this Trust?

Sometimes there are restrictions on who can be excluded..... YES ____ NO ____

If YES, how many children are to be intentionally excluded? .. _____

Enter the name of each child who is intentionally excluded. Include the number associated
with that child in the Estate Planning Questionnaire.

Is any other person or organization intentionally excluded as a beneficiary?

Sometimes there are restrictions on who can be excluded..... YES ____ NO ____

If YES, indicate name(s) _____

Who will carry out the terms of the Trust? (Who will be the Trustees?)

The nominated Trustees may be individuals or organizations. Typically, the Grantor(s) will serve as
the initial Trustee or Co-Trustees while they are able. Check the box for each Grantor that will serve
as Trustee..... Grantor 1 ____ Grantor 2 ____

If you wish to use another person or organization as a Sole Trustee or as Co-Trustees, indicate
their name(s) and address(es) below. You can also have a Grantor as Co-Trustee with another
party if you needed.. _____

Overview of Living Trust
Joint Property
Factors to Consider
Trust vs. Will
Comparison

Amending a Living Trust

Specifying Who Died
First

Managing Trust Assets

Providing For Children
Trust For Children

Exclusion from the Trust

Choosing a Trustee
Compensation for
Trustee
Optional Trustee
Powers
Trustee Liability
Trustee for Children

Who will serve as the Successor Trustee(s) when the Sole Trustee (in the event you selected only one initial trustee) or both Co-Trustees can no longer serve?

When one of the initial Co-Trustees no longer serves, the remaining Co-Trustee may continue to serve, but alone. Select who will be the Trustee(s) when there is no Trustee able to serve either due to incapacity or death. Choose either a Sole Successor or Co-Successors.

Successor Sole Trustee Name: .. _____

Address: _____

OR

Co-Successor Trustee 1 Name: _____

Address: _____

Co-Successor Trustee 2 Name: _____

Address: _____

NOTE: If any Successor is an organization, such as a corporation, provide the name and title of the individual signing for that entity next to the name.

Will the Successor Trustee serve with or without bond?

The purpose of a bond is to protect the beneficiaries if the Trustee misappropriates the trust assets. As bonds are expensive, you may decide to not require one. Most people do not.

..... Without Bond or Security _____ With Bond _____

Who will serve as the Alternate Successor Trustee(s) when the Sole Successor Trustee (in the event you selected only one) or both Successor Co-Trustees are unable to serve or resign?

Sometimes a bank's trust department or a licensed trust company may be an appropriate choice for the Alternate Successor Trustee, especially if there are no other individuals you trust. Choose either an Alternate Sole Trustee Successor or Alternate Co-Trustee Successors.

Alternate Successor Sole Trustee Name: _____

Address: _____

OR

Alternate Co-Successor Trustee 1 Name: _____

Address: _____

Alternate Co-Successor Trustee 2 Name: _____

Address: _____

NOTE: If any Alternate Successor is an organization, such as a corporation, provide the name and title of the individual signing for that entity next to the name.

Will the Alternate Successor Trustee serve with or without bond?

The purpose of a bond is to protect the beneficiaries if the Trustee misappropriates the trust assets. As bonds are expensive, you may decide to not require one. A Bank Trustee may not need a bond.

..... Without Bond or Security _____ With Bond _____

Do you wish to designate any caretaker or money for your pet(s)?

..... YES _____ NO _____

..... If your answer is YES, complete the separate **Pet Trust Questionnaire Form**.

Successor Trustee

Choosing a Trustee

Compensation for
Trustees

Bonding

Waiving Bonds

Alternate Successor
Trustee

Bonding

Waiving Bonds

Will the Trustee be authorized to hold Trust asset shares or portions as a single fund? *It is RECOMMENDED that this option be selected because it often reduces the expense of operating the Trust.* YES ____ NO ____

Holding Assets as a
Single Fund

Is the Trustee entitled to receive reasonable compensation? YES ____ NO ____
You can provide that the Trustee is entitled to reasonable compensation for serving as Trustee.

Compensation for
Trustees

Will the Trustee be authorized to make loans to beneficiaries? . YES ____ NO ____
You can authorize the Trustee to make loans to the Trust beneficiaries if it seems appropriate.

Making Loans to
Beneficiaries

Will the Trustee be authorized to make payments to a person or organization for the benefit of a beneficiary?
For example, payments to a college to cover a child's tuition. YES ____ NO ____

Distributing Assets to
Benefit a Beneficiary

Will the Trustee be released from personal liability? YES ____ NO ____
Select "Yes" to relieve the Trustee from personal liability arising out of the performance of duties, provided that he or she acts in good faith. Most choose yes or successor trustees may refuse to serve.

Trustee Liability

How often should the Trustee provide a written accounting to the Beneficiaries?
Usually, an accounting is required monthly (for a large, active trust) or annually (for a smaller trust). The Trustee will provide an accounting on a(n) _____ basis.

Trustee Accounting

Will any unnamed successor Trustees be required to post a bond?
If it becomes necessary to appoint a successor Trustee because there are no further nominations in this Trust, consider whether that yet-unnamed successor Trustee should be bonded. (For example, a court appointed successor.)..... YES ____ NO ____

Bonding
Waiving Bond

How often will you receive payments from this Trust?
Enter how often the Trustee will make payments to you and your spouse. The Trustee will distribute as much of the net income of this Trust as is necessary for your support, or as much as you and your spouse may designate. This provision is in addition to those necessities. This provision is mostly critical when you are no longer able to serve as Trustees.

Daily ____ Weekly ____ Bi-Weekly ____ Semi-Monthly ____ Monthly ____

Quarterly ____ Semi-Annually ____ Annually ____ Other: _____

Will the beneficiaries be required to survive you by thirty days in order to receive their distributions? YES ____ NO ____
If a beneficiary dies within thirty days after the applicable Grantor who made the bequest, you may want the bequest to pass on to someone you have chosen rather than someone chosen by the deceased beneficiary in his or her Will or Trust. If so, select "Yes."

Thirty-Day Survival
Requirement

After the death of either or both of you, will specific distributions be made from the Trust assets? YES ____ NO ____
You can provide that specific distributions (cash, an heirloom, etc.) be made upon the death of either you or your spouse. And, because the order of your deaths is unknown, the distribution(s) can be delayed until the death of the survivor, if desired.
..... If your answer is YES, complete the separate **Specific Distributions Form**.

Specific Distributions
Categories of Specific
Distributions

Who will receive the remaining assets of the Trust after any specific distributions?
Select who will receive the remaining or residuary assets of the Trust after the death of the surviving Grantor.
Only one beneficiary ____ Several beneficiaries ____ Outright to your children ____
Retained by the Trustee for the benefit of your minor children ____
The heirs-at-law of you and/or your spouse ____
..... The next step is to complete the separate **Beneficiary Allocation Form**.

Distributing the
Remaining Assets
Distributing the Trust
Heirs-at-Law
Protection of
Beneficiaries
Providing for Children
Remaining Trust Assets

In what county will this Living Trust be signed? ... _____

ASSET PROTECTION ASSOCIATION

Joint Living Trust
Funding Worksheet

This Worksheet is to be used with reference to the Confidential Estate Planning Questionnaire.

Name and Date of Living Trust if already created: _____

Grantor/Spouse 1: _____ Grantor/Spouse 2: _____

Do you wish to prepare a Property Ownership ("Yours\Mine\Ours") Memorandum? *(For married grantors, it is recommended that ownership be clarified as to all untitled property which is transferred to either one grantor's single living trust or the couple's joint living trust. If you select "Yes," you will be given an opportunity to designate the ownership of all property as it is entered in the worksheet.)* ☐ YES ☐ NO

Do you wish to prepare a Trust Property Schedule? *(It is very helpful to the successor trustee if a schedule of all trust assets is prepared. The schedule need not be attached to the trust document but can be paper clipped or otherwise kept with the trust document. If you select "Yes," you will be given an opportunity, as each asset is described in this worksheet, to decide whether to include that asset on the Schedule. NOTE: LISTING ASSETS ON THE TRUST PROPERTY SCHEDULE DOES NOT CAUSE THEM TO BE TRANSFERRED TO THE TRUST.)* ☐ YES ☐ NO

Which of the following assets of either or both spouses, if any, do you wish to transfer into your Living Trust?
(These are untitled personal property assets that can all be transferred by listing on a single Bill of Sale transfer document.)

Check which (or both) spouse(s) is transferring the particular type. Spouse 1 Spouse 2 Both Spouses

_____ Household goods, furniture, and furnishings _____

_____ Clothing and personal effects..... _____

_____ Jewelry _____

_____ Untitled recreational equipment _____

_____ Collections, collectibles, and antiques _____

_____ Works of art..... _____

NOTE: If you wish to itemize any assets in the above categories (i.e, specify particular items such as "Brown mink coat" or "2 caret diamond ring in platinum setting," etc.) use the separate **Itemized Untitled Personal Property Transfer Form**.

(Other assets listed on the following page.)

Which of the following assets of either or both spouses, if any, do you wish to transfer into your Living Trust?

(These are assets that require different processes of transfer depending on the type of asset.)

Check the form of current ownership (you may have multiple selections due to multiple assets in a particular class). And in the last column check whether the asset is listed in the **Confidential Estate Planning Questionnaire (CEPQ)**.

<u>Class of Asset</u>	<u>Spouse 1</u>	<u>Spouse 2</u>	<u>Both Spouses</u>	<u>CEPQ</u>
_____ Titled vehicles (not recommended).....	_____	_____	_____	_____
_____ Bank accounts (including savings, checking, money market accounts and certificates of deposit)....	_____	_____	_____	_____
_____ Brokerage accounts	_____	_____	_____	_____
_____ Publicly-traded securities in certificate form.....	_____	_____	_____	_____
_____ Privately-held securities (no restrictions on transfer) ...	_____	_____	_____	_____
_____ Partnership interests (with restrictions on transfer)	_____	_____	_____	_____
_____ Closely-held business interests (with restrictions on transfer).....	_____	_____	_____	_____
_____ U.S. Savings Bonds	_____	_____	_____	_____
_____ U.S. Treasury Bills, Notes or Bonds.....	_____	_____	_____	_____
_____ Real Estate.....	_____	_____	_____	_____
_____ Promissory notes	_____	_____	_____	_____
_____ Installment obligations.....	_____	_____	_____	_____
_____ Oil, gas and mineral rights	_____	_____	_____	_____
_____ Incentive stock options	_____	_____	_____	_____
_____ Patents, copyrights and trademarks	_____	_____	_____	_____
_____ Life Insurance.....	_____	_____	_____	_____
_____ Qualified (employment) retirement plans	_____	_____	_____	_____
_____ Individual Retirement Account Such as (IRA) or Keogh Account	_____	_____	_____	_____
_____ Personal Debts.....	_____	_____	_____	_____

NOTE: For any item checked, use the separate form for each asset class to further describe the asset(s) being transferred. If an asset is listed and fully described in the **Confidential Estate Planning Questionnaire** you may not need to complete the separate form. Discuss this with the Association member assisting you.

ASSET PROTECTION ASSOCIATION
Living Trust
Pet Care Provision Questionnaire

Who is the Pet Trust for? (Pet Trust is an added provision of your Living Trust.)

(Grantor 1) Name: _____ (Grantor 2, if any) Name: _____

Home Address: _____ Home Address: _____

Who do you designate as Caretaker for your pet(s)?

Name: _____

Address: _____

Who do you designate as Alternate Caretaker in the event your first choice will not or cannot serve?

Name: _____

Address: _____

Describe your pet(s). (Indicate Type (dog, cat, etc., Name and Description.)

Specify any instructions you would like to leave for the care of your pet(s). (For example: health history, special needs, favorite toys & activities, eating habits, exercise regimen, required medications, and wishes for the final disposition of your pets.)

How much money do you want to leave to the caretaker for the care of your pet(s)? (Enter the amount you think would cover the expenses related to the care of your pet, such as for: veterinary bills, food, toys, grooming, etc., for the life of your pet. For example: \$10,000.)

\$ _____

Upon termination of the Pet Trust, who should receive the remaining assets? (Designate the person or organization who will receive the remaining assets of the terminated Trust.)

_____ Distributed per other Remaining Assets of the Living Trust

_____ Name and Address of Individuals(s) (if more than one, describe the division, such as percent of each)

_____ Name and Address of Non-Profit Organization

Who do you want to enforce the provisions of the Pet Trust? (Enter the name of the person you would like to ensure the appropriate care of your pets by your pet caretaker.)

Name: _____

Specific Distributions

Complete this form if you, the Grantor (or Co-Grantors) of your Living Trust, wish to make specific distributions to specific persons before a general distribution to your beneficiaries takes place. It does not matter whether the person(s) or organization(s) you wish to make a specific bequest to is also one of your beneficiaries.

Examples of these types of distributions could be some cash to your grandchildren, a special heirloom you want to go to a particular family member, a retirement watch to go to a work colleague, money to a specific charity, money to a separate pet trust to care for your pet. There are no real restrictions on what you can do in this area. Most people choose specific items or cash and in other cases they may want all of their tangible personal property distributed this way, leaving investments, real estate and the like for the general distribution afterwards.

The biggest difference of choosing specific distributions over general beneficiary distributions is you are specifying specific assets. On the other hand, the general distribution of the remainder of the trust assets typically is divided into percentages of your overall assets as you will choose for your beneficiaries in the **Beneficiary Allocation Form**.

For more assistance see the Living Trust Information document explanations under the headings **Specific Distributions** and **Categories of Specific Distributions**.

The Grantor of the Living Trust makes the Specific Distribution choices. The distributions take place on the death of the Grantor, or in the case of Co-Grantors (spouses), upon the death of one or the other or not until the death of the last Grantor to die. Those are the choices you will need to make.

What kind of Specific Distribution will be given? *(Check which one applies.)*

1. ☐ **Only specific items or cash** *(complete questions below for this selection)*
2. ☐ **Only ALL remaining tangible personal property** *(complete separate form for this selection on pages 3 and/or 4)*
3. ☐ **Specific items or cash THEN ALL remaining tangible personal property** *(complete questions below AND the separate form for this selection on page 3 and/or 4)*

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

☐ Upon death of named Grantor: _____ ☐ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES ☐ NO ☐

If YES, Alternate Beneficiary Name: . _____

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

☐ Upon death of named Grantor: _____ ☐ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES ☐ NO ☐

If YES, Alternate Beneficiary Name: . _____

Grantor Name(s) _____

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

_____ Upon death of named Grantor: _____ _____ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES _____ NO _____

If YES, Alternate Beneficiary Name: . _____

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

_____ Upon death of named Grantor: _____ _____ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES _____ NO _____

If YES, Alternate Beneficiary Name: . _____

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

_____ Upon death of named Grantor: _____ _____ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES _____ NO _____

If YES, Alternate Beneficiary Name: . _____

SPECIFIC ITEM OR CASH

Item/Cash Amount Given: _____

Named Beneficiary: _____

_____ Upon death of named Grantor: _____ _____ Or, upon death of last Grantor to die.

If the named beneficiary dies before the death of the above designated grantor, do you want the item or cash to go to an alternate beneficiary? (If you choose NO, the item or cash will become part of the remaining assets to distribute to the beneficiaries you have designated in your overall distribution plan as completed on the Beneficiary Allocation Form. If you chose YES, indicate the name below. Note: If this person also predeceases the grantor the item or cash will go to the remaining assets pool as described. YES _____ NO _____

If YES, Alternate Beneficiary Name: . _____

Grantor Name(s) _____

USE THIS PAGE FOR THE SOLE GRANTOR OR GRANTOR 1

Distribution of Remaining Tangible Personal Property Instead of or After Specific Items

Complete this page for the **SOLE GRANTOR OR GRANTOR 1's** Tangible Assets.

INSTRUCTIONS: Select this form for Distribution of ALL tangible assets of a **sole Grantor** or **Grantor 1** if there are Co-Grantors. If you will distribute Grantor 2's tangible assets under this provision, also complete the form for Grantor 2.

REMAINING TANGIBLE PERSONAL PROPERTY OF GRANTOR 1, NAMED: _____

When should Grantor 1's tangible personal property be distributed? *(Select the option that describes when the Grantor's tangible personal property should be distributed. Because tangible personal property includes household furnishings, it is common to distribute "upon the death of the Surviving Grantor.")*

_____ **Upon the death of Grantor 1**

_____ **Upon the death of the Surviving Grantor**

Who will receive Grantor 1's tangible personal property?

1. _____ **One Beneficiary, named:** _____

Name the Alternate Beneficiary(ies) if the above-named Beneficiary predeceases Grantor 1.

_____ **One Alternate Beneficiary:** .. _____

_____ **Several Beneficiaries (incl. % of each):** _____

_____ **Distribute it with the remaining assets of the Trust.**

2. _____ **Several Beneficiaries (incl. % of each):** _____

How will the share be distributed if any beneficiary does not survive until the time of distribution?

_____ **Distributed proportionately to the others listed under this provision.**

_____ **Distribute it with the remaining assets of the Trust.**

3. _____ **Grantor's Children** (evenly distributed) (If you do not want it evenly distributed, select #2, Several Beneficiaries.)

(If any child predeceases Grantor(s) at time of distribution, that child's children will receive the distribution. If there are none, the distribution will go to the remaining children or their children as the case may be. If there are no children or grandchildren at the time of distribution the below named Alternate Beneficiary(ies) will receive the distribution.

Name the Alternate Beneficiary(ies) if there are no children or grandchildren remaining at the time of distribution.

_____ **One Alternate Beneficiary:** .. _____

_____ **Several Beneficiaries (incl. % of each):** _____

_____ **Distribute it with the remaining assets of the Trust.**

Grantor Name(s) _____

USE THIS PAGE ONLY FOR GRANTOR 2

Distribution of Remaining Tangible Personal Property Instead of or After Specific Items

Complete this page for **GRANTOR 2's** Tangible Assets.

INSTRUCTIONS: Select this form for Distribution of ALL tangible assets of **Grantor 2**. If you will distribute Grantor 1's tangible assets under this provision, also complete the form for Grantor 1.

REMAINING TANGIBLE PERSONAL PROPERTY OF GRANTOR 2, NAMED: _____

When should Grantor 2's tangible personal property be distributed? *(Select the option that describes when the Grantor's tangible personal property should be distributed. Because tangible personal property includes household furnishings, it is common to distribute "upon the death of the Surviving Grantor.")*

_____ **Upon the death of Grantor 2**

_____ **Upon the death of the Surviving Grantor**

Who will receive Grantor 2's tangible personal property?

1. _____ **One Beneficiary, named:** _____

Name the Alternate Beneficiary(ies) if the above-named Beneficiary predeceases Grantor 1.

_____ **One Alternate Beneficiary:** .. _____

_____ **Several Beneficiaries (incl. % of each):** _____

_____ **Distribute it with the remaining assets of the Trust.**

2. _____ **Several Beneficiaries (incl. % of each):** _____

How will the share be distributed if any beneficiary does not survive until the time of distribution?

_____ **Distributed proportionately to the others listed under this provision.**

_____ **Distribute it with the remaining assets of the Trust.**

3. _____ **Grantor's Children** (evenly distributed) (If you do not want it evenly distributed, select #2, Several Beneficiaries.)

(If any child predeceases Grantor(s) at time of distribution, that child's children will receive the distribution. If there are none, the distribution will go to the remaining children or their children as the case may be. If there are no children or grandchildren at the time of distribution the below named Alternate Beneficiary(ies) will receive the distribution.

Name the Alternate Beneficiary(ies) if there are no children or grandchildren remaining at the time of distribution.

_____ **One Alternate Beneficiary:** .. _____

_____ **Several Beneficiaries (incl. % of each):** _____

_____ **Distribute it with the remaining assets of the Trust.**

ASSET PROTECTION ASSOCIATION
Beneficiary Allocation

Grantor Name(s) _____

Complete this form to name your Beneficiary(ies) and how you wish your remaining assets to be distributed (after any prior specific distributions are made, if any).

For more assistance see the Living Trust Information document explanations under the headings **Beneficiaries**, **Distributing the Remaining Trust Assets**, **Providing for Children**, **Remaining Trust Assets** and **Trust For Children**.

Sole or Grantor 1 Name: _____

Grantor 2 Name: _____

Choose one of the following as to Whom and How the remaining assets of the Trust will be distributed.

1. **One Beneficiary, named:** _____
(If you are a Sole Grantor of a Single Grantor Living Trust and married, you can designate your spouse as the Beneficiary here if you wish. **In that case, indicate it is your spouse.**)

Name the Alternate Beneficiary(ies) if the above-named Beneficiary predeceases the last living Grantor.

_____ One Alternate Beneficiary: _____

_____ Several Alternate Beneficiaries (incl. % of each): _____

_____ Grantor 1's heirs-at-law

_____ Grantor 2's heirs-at-law

_____ The heirs-at-law of both Grantors: _____% Grantor 1's heirs _____% Grantor 2's heirs

_____ #2 Outright to Children (Complete #2 below)

_____ #4 Children's Trust (Complete #4 below)

2. **Outright to all the Children Equally** (with exception of any children that were excluded as indicated in the primary Living Trust questionnaire. (Under this selection, distribution for any child that predeceases the last Grantor will be distributed equally to that child's children, if any. Otherwise, the remaining children will receive the deceased child's share.)

_____ 100% Outright to the Children, or

_____ % Outright to the Children and remaining distribution as selected in #'s 3, 4 or 5.

Who will receive the remaining assets if all your children and grandchildren do not survive both of you?

_____ One Alternate Beneficiary: _____

_____ Several Alternate Beneficiaries (incl. % of each): _____

_____ Grantor 1's heirs-at-law

_____ Grantor 2's heirs-at-law

_____ The heirs-at-law of both Grantors: _____% Grantor 1's heirs _____% Grantor 2's heirs

Grantor Name(s) _____

3. **Several Beneficiaries (incl. % of each):** _____

(This selection can be used for any person or organization including your children if you want to specify a particular percentage for each child.)

Will any portion be distributed to a Children's Trust (trust for minor children)? YES ____ NO ____

If YES, what percentage? _____% *NOTE: Complete the questions at #4 for any percentage of distribution to a Children's Trust. (However, If 100%, then do not use this section, proceed directly to #4 below.)*

How will the share be distributed if any one beneficiary does not survive until the time of distribution?

____ Distributed proportionately to the others listed under this provision.

____ Distribute it to this Alternate Beneficiary: _____

If to an Alternate Beneficiary, you can specify particular alternates to match up with particular beneficiaries or name an Alternate beneficiary to apply in all cases.

4. **Retained by the Trustee(s) for the benefit of your minor children (Children's Trust)**

____ % of Remaining Assets to be distributed to a Children's Trust.

What age must all your children reach before the assets are distributed outright to them rather than used for their benefit? *(Enter the age the youngest child should reach before the Trustee divides the Trust into separate shares and begins to pay them out without regard to need. For example, "25" years. Each share can be paid in one lump sum or in three installments.)* Years Old of Youngest Child

Will the final distribution of the remaining Trust assets be made in one lump sum or in three installments beginning at the age specified above? *(Select the first option if the Trust should be distributed all at once in equal shares to your living children. Select the second option if the Trust should be distributed in three equal installments, beginning when the youngest child reaches the age previously entered.)*

____ One Lump Sum Distribution

____ Distribute In Three (3) equal installments. The first at the age specified above.

Second Installment when the youngest turns age _____.

Third Installment when the youngest turns age _____.

How will the Children's Trust be distributed if neither of you have surviving descendants? *(Select the option that describes who will receive the remaining Children's Trust assets if no children or grandchildren are surviving to receive the final distributions from the Trust. Heirs-at-law are persons who would be entitled to the assets of your estate if you died without leaving a valid Will.)*

____ Several Alternate Beneficiaries (incl. % of each): _____

____ Grantor 1's heirs-at-law

____ Grantor 2's heirs-at-law

____ The heirs-at-law of both Grantors: _____ % Grantor 1's heirs _____ % Grantor 2's heirs

Grantor Name(s) _____

5. **The heirs-at-law of you and/or your spouse.** (Select this option as your primary Beneficiary selection if you have no other selection as specified in #'s 1-4 above. You can also select this option as your final Alternate Beneficiary if distributions cannot be made to some other Alternate Beneficiary you have chosen above.)

_____ I/We are selecting Heirs-at-Law as the (or one of the) Primary Beneficiary designation for my/our Living Trust.

OR

_____ I/We are selecting Heirs-at-Law as the final Alternative Beneficiary designation in the event distributions cannot be made to other selected Beneficiaries or Alternate Beneficiaries.

Choose which Heirs-at-Law:

_____ Grantor 1's heirs-at-law

_____ Grantor 2's heirs-at-law

_____ The heirs-at-law of both Grantors: _____% Grantor 1's heirs _____% Grantor 2's heirs

Write any other instructions or considerations you would like to be included if not covered in the above questions. Your document preparer will try their best to accommodate your instructions. If we have any questions, we will reach out to you to gain clarification.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ASSET PROTECTION ASSOCIATION
Pour-Over Will Questionnaire

For assistance refer
to the Pour-Over Will
Information TOPIC as
indicated next to the
question.



Who is this Pour-Over Will (POW) being created for?

Full Legal Name: _____

Home Address: _____

Is this POW being created with your Living Trust? YES ____ NO ____

If NO, what is the name of the Living Trust this POW is “pouring” into?

Who will carry out the terms of the POW (the Executor)? (Some states require (or at least prefer) that at least one Executor be a resident of your state.)

_____ Sole Executor. Name: _____

Address: _____

_____ Co-Executors. Name: _____

Address: _____

Name: _____

Address: _____

Will the Executor(s) serve with or without bond?

The purpose of a bond is to protect the beneficiaries if the Executor misappropriates the estate assets. As bonds are expensive, you may decide to not require one. Most people do not.

..... Without Bond or Security ____ With Bond ____

Who will carry out the terms of the POW if the Executor(s) is/are unable to serve?

If a Sole Executor was selected, chose from one of the following:

_____ Alternate Sole Executor to serve.

Name: _____

Address: _____

_____ Alternate Co-Executors to serve.

Name: _____

Address: _____

Name: _____

Address: _____

If Co-Executors was selected, chose from one of the following:

_____ Remaining Executor to serve.

_____ Alternate Co-Executor to serve.

Name: _____

Address: _____

Overview of Pour-Over
Will

Executors
Choosing an Executor
Sole/Co-Executors

Bonding
Waiving Bonds

Alternate Executor

Will the Executor be authorized to limit court involvement in the settlement of your estate? (Select "Yes" if the Executor will have the option to administer the estate with reduced intervention and supervision by the probate court, if available. This option may not be appropriate for larger estates. However, with Pour-Over Wills there should not be a large estate since most or all of the estate is in the Living Trust.)..... YES ____ NO ____

Informal Administration

Do you have any children? YES ____ NO ____
(Select "Yes" if you have or expect to have children.)

If Yes, Do you want to name a Guardian for your minor children? (You can nominate a Guardian, a person who will have custody of your minor children if a parent is not available. NOTE: The nomination of a Guardian will not have priority over the custody rights of a parent.)

..... YES ____ NO ____

Who will be named to have custody of your minor children? (Select whether one Guardian or two Co-Guardians will be named. It is RECOMMENDED that Co-Guardians be married to each other.)

Choosing a Guardian
Sole/Co-Guardians

____ Sole Guardian Name: _____

Address: _____

____ Co-Guardians Name: _____

Address: _____

Name: _____

Address: _____

Who will serve as Guardian if your first choice is unable to serve? (Select whether there will be any alternate Guardian or Co-Guardians named to care for your children if your first choice is unable to do so.)

Alternate Guardian

____ Alternate Sole Guardian to serve.

Name: _____

Address: _____

____ Remaining Guardian to serve (in the case where there was Co-Guardians)

____ Alternate Co-Guardians to serve.

Name: _____

Address: _____

Name: _____

Address: _____

____ Do Not Include an Alternate

How many witnesses will sign the POW? (Three witnesses are recommended, even though only two may be required. The signature of a third witness provides some protection in case one of the witness signatures is declared invalid for some reason.)

Witnesses

Names and Addresses: _____

In what County will the POW be signed? _____

ASSET PROTECTION ASSOCIATION
Durable General Power of Attorney

For assistance refer
to the DPOA
Information TOPIC as
indicated next to the
question.



Who is this Durable General Power of Attorney (DPOA) being created for?

Full Legal Name: _____

Where will this Power of Attorney be signed?

City: _____ County: _____ State: _____

Who will be appointed as Agent(s) to act on your behalf? (You can select a sole Agent or Co-Agents who will act on your behalf. A "Co-Agent" means you select two agents to serve. If you select Co-Agents, you'll be asked later whether they can act independently of each other or whether they must act jointly.)

_____ Sole Agent Name: _____

Check if Spouse ☐ Address: _____

_____ Co-Agents Name: _____

Address: _____

Name: _____

Address: _____

Do you want to appoint a person to serve as Agent (the "Successor Agent") if your first choice can't serve? (A successor Agent should be named in case the initial Agent becomes unwilling or unable to continue serving.)YES _____ NO _____

If YES, indicate: Name: _____

Address: _____

Phone: _____

Do you want this Power of Attorney to replace any prior Power of Attorney documents you have used in the past?YES _____ NO _____
(Replacing a prior Power of Attorney will "revoke" or cancel the terms of any prior Power of Attorney document.)

If YES, Which documents will be replaced?

_____ Both general and special powers of attorney

_____ General powers of attorney only

_____ Special powers of attorney only

Will any prior health care Power of Attorney documents remain in effect?

(Select "Yes" to indicate that any power of attorney documents related to your health care will remain in effect.) YES _____ NO _____

Do you want your Agent to have access to your medical records?

(Due to new health information privacy laws, your Agent may not be allowed access to your medical records unless specifically given the authority. Your Agent may need this access to dispute or verify charges when paying your medical bills and submitting insurance claims. **You may also wish to execute a HIPAA Authorization Form.**) YES _____ NO _____

Overview of DPOA

General Powers

General vs. Special

Agent Choice

Sole/Co-Agents

Your Spouse as Agent

Successor Agent

Revoking Prior POA
Documents

Access to Medical
Records

Will your Agent be authorized to hire business professionals to help with Agent's duties? *(This might include lawyers, accountants, or real estate agents.)*. YES ____ NO ____

Hiring Business Professionals
Banking Transactions
Financial Matters

Will your Agent have access to your bank accounts? YES ____ NO ____
(Select "Yes" to give your Agent the authority to handle banking transactions for you.)

If YES, What bank accounts will your Agent have authority over?
(This includes the authority to open, maintain, and close.)

____ All Bank Accounts

____ Only These Specific Accounts: Indicate Bank/Institution Name(s), address(es), type of account(s) and account number(s). Use other sheets of paper if necessary.

Which of the following powers will your Agent be granted? *(Check all that apply.)*

Other Financial Powers

____ Handle treasury securities

____ Begin or defend lawsuits

____ Access safe deposit boxes

Will your Agent be authorized to remove items from your safe deposit boxes or only take inventory?

____ The Agent may remove items

____ The Agent may only inventory the items

Will your Agent be allowed to sell real estate that you own?..... YES ____ NO ____

Selling Real Estate

If YES, What real estate will your Agent have the authority to sell?

____ Any Real Estate

____ Only Specific Real Estate: Indicate full addresses of specific properties along with minimum selling prices if any.
(This does not include properties in Trust under trustee authority.)

(Provide legal descriptions (or the deeds) for the document preparer to include on an exhibit attached to the DPOA.)

Who will be appointed as substitute Agent to handle your real estate? *(This is needed in case your spouse is your primary Agent and your spouse is restricted from selling your residence, name a substitute Agent for that purpose.)*

Name and Address: _____

Will your Agent be allowed to mortgage your real estate?..... YES ____ NO ____

Mortgaging Real Estate

If YES, What real estate will your Agent have the authority to mortgage?

____ Any Real Estate

____ Only Specific Real Estate: Indicate full addresses of specific properties along with maximum loan amounts if any.

(This does not include properties in Trust under trustee authority.)

(Provide legal descriptions (or the deeds) for the document preparer to include on an exhibit attached to the DPOA.)

Will your Agent be allowed to manage your real estate? YES ____ NO ____

Managing Real Estate

If YES, What real estate will your Agent have the authority to manage?

____ Any Real Estate

____ Only Specific Real Estate: Indicate full addresses of specific properties along with maximum loan amounts if any.

(This does not include properties in Trust under trustee authority.)

(Provide legal descriptions (or the deeds) for the document preparer to include on an exhibit attached to the DPOA.)

Will your Agent be allowed to sell your personal property? YES ____ NO ____

Personal Property

If YES, What personal property will your Agent have the authority to sell?

____ Any Personal Property

____ Only Specific Personal Property: Identify the personal property and a minimum selling price is any. *(Enter a description of the property that your Agent will have the authority to sell. For example, "my 1957 Chevy" or "my antique china." If desired, enter a minimum selling price.)*

(This does not include properties in Trust under trustee authority.)

Will your Agent be authorized to obtain credit or borrow money on your behalf?

Borrowing money

..... YES ____ NO ____

If YES, How much money may your Agent borrow on your behalf?

(Select the correct option below. Also, you may add any special instructions. For example, "Agent may borrow only to pay for my medical care.")

____ Agent can borrow any amount deemed necessary

____ Agent borrowing total maximum: \$ _____

Will your Agent be authorized to manage, control, and operate any business that you own?..... YES ____ NO ____

Business Affairs

If YES, What is the name and address of your business?.....

How much authority will your Agent have over business operations?
(*"Full authority" allows the Agent to sell the business, if appropriate. "Limited authority" restricts the Agent to decisions in the ordinary course of business.*)

____ Full Authority

____ Will your Agent be authorized to sell or close your business, if appropriate? (*Select "No" to remain silent on this matter.*)

____ YES

____ NO

____ Limited Authority

Will your Agent be authorized to handle governmental matters for you?

(*For example, tax returns for the Internal Revenue Service.*) YES ____ NO ____

If YES, What governmental matters will your Agent be authorized to handle?

____ Prepare and file tax returns

____ Negotiate matters with governmental agencies

____ Handle issues in connection with governmental benefits

Will your Agent be authorized to handle any financial matters for you?

Financial Matters

(*If you select "Yes", you will be allowed to choose specific matters to include, for example, the power to handle stock, bond, commodity, or insurance transactions.*) YES ____ NO ____

If YES, What financial matters do you want your Agent to manage?

____ Stocks and bonds

____ Contracts

____ Insurance and Annuities

____ Retirement plans

____ Other Financial Matters: Enter the other financial matter that your Agent will be authorized to manage. (*Note: The Agent cannot be authorized to make, change, or revoke the Principal's will.*)

Will your Agent have the power to change the beneficiaries on your accounts?

Agent Power to Change Beneficiaries

(*If you select "No," your Agent will be able to manage your accounts but will not be allowed to alter any beneficiary designations you have previously made. If Yes, the exception is your Agent will not be allowed to change the beneficiaries of your trust with this provision. That power is covered elsewhere.*)..... YES ____ NO ____

If YES, Your Agent will have authority to change beneficiaries on which specified accounts? (*Select "Specific Accounts" if you would like to name or list specific accounts. By selecting "All financial accounts" you will allow your agent to change the beneficiary on any account, retirement plan, annuity, or other financial account you own. *You may enter as many accounts as you wish.*) **(This section is continued on the next page.)**

_____ All Accounts

Agent Power to Change
Beneficiaries

_____ Specified Accounts: Your Agent will have authority to change beneficiaries on which specified accounts? (You may enter as many accounts as you wish. Hint section: Select "Other account" if you would like to name or list specific accounts. By selecting "All financial accounts" you will allow your agent to change the beneficiary on any account, retirement plan, annuity, or other financial account you own.)

_____ Insurance and Annuities

_____ Retirement Plan

_____ Payable on Death Savings Accounts

_____ Payable on Death Checking Accounts

_____ Other: Your Agent will have authority to change beneficiaries on what other accounts? (You may enter as many accounts as you wish. Enter the account information for each other account for which your Agent will have authority to change the beneficiaries.)

Are you currently a fiduciary or trustee? YES _____ NO _____
(Select "Yes" if you are currently managing legal or business matters for another party. This does not include your personal trust.)

Fiduciary Transactions

If YES, Will your Agent be allowed to handle any fiduciary responsibilities on your behalf? (Select "Yes" if you are currently the fiduciary or trustee for a trust (not your own) or other fund and you want your Agent to handle these responsibilities on your behalf. Check with those entities or agreements to make sure you have the authority to appoint an Agent to act in a fiduciary capacity for you.)

_____ YES

_____ NO

Will your Agent be allowed to make gifts on your behalf? YES _____ NO _____
(For example, you may allow your Agent to make gifts to family members or charitable organizations you have given to before. The Agent will not be allowed to make gifts to himself or herself without additional language.)

Do you want to appoint a substitute Agent for the sole purpose of making gifts to your Agent? (Select "Yes" to appoint a substitute Agent for the sole purpose of making gifts of your property to your Agent.) YES _____ NO _____

Gifts to Your Agent

If YES, Who will be appointed as substitute Agent for this purpose?
Write their name and address: .. _____

Will your Agent have the authority to use your assets to provide for any person to whom you have an obligation to support? (Select "Yes" if you have a spouse or minor children who you currently have a duty to support. For example, Alimony or spousal support payments to an ex-spouse or child support payments meet this definition.) . YES _____ NO _____

Will your Agent be allowed to transfer assets into your revocable trust? (If you have already established a revocable (living) trust, select "Yes" if you want to allow your Agent to transfer assets into the trust.) YES _____ NO _____

Agent Powers Over a
Living Trust

Will your Agent be allowed to use your assets to fund any trust that was not created by you? (Select "Yes" if you have established a pattern of transferring your assets into a trust that you did not create and you want to allow your Agent to continue to make these transfers.)
..... YES _____ NO _____

Will your Agent be allowed to manage a trust on your behalf? (Will your Agent be allowed to manage a trust on your behalf (not your current Living Trust?) ... YES _____ NO _____

Fiduciary Transactions

Will your Agent be allowed to refuse any inheritance you might receive? (The power to refuse or "disclaim" any inheritance you might receive provides your Agent with flexibility regarding estate planning for you. It is RECOMMENDED that this power be granted.)
..... YES _____ NO _____

Estate Planning
Decisions

Will your Agent be authorized to protect any third party who accepts and acts under this document? (Select "Yes" to allow your Agent to repay a third party for any loss or liability if the party accepts and acts under this document.) YES _____ NO _____

Hold Harmless

Will your Agent be entitled to receive compensation for services performed in connection with this Power of Attorney? YES _____ NO _____

Agent Compensation

Will your Agent be entitled to reimbursement for reasonable expenses? (Select "Yes" if your Agent will be reimbursed for all reasonable expenses related to the Power of Attorney.)
..... YES _____ NO _____

Agent Reimbursement
Agent Accountability

Would you like to include digital assets in your power of attorney? (Digital Assets can include online accounts, files or media saved on computers or online, and any kind of digital device. **If you select "Yes," this portion of the document (the "Digital Assets Memorandum") should be kept private and separate from the rest of the document.** Select "No" if you do not want to include digital assets.) YES _____ NO _____

Digital Assets

Digital Agent

If YES, Complete the separate Digital Assets POA Form.

Do you want to make this document a Durable Power of Attorney? (A "Durable Power of Attorney" remains effective even if you become disabled or lack the mental competence to understand and handle your financial and personal affairs.) YES _____ NO _____

Durability

When will this Power of Attorney become effective?

Effective Date

_____ Immediately (upon signing)

_____ On this Specific Date: _____

_____ Upon certification by a physician that you are disabled or lack mental competence (a "springing" Power of Attorney)

Springing DPOA

When will this Power of Attorney terminate?

_____ Upon Your Death

_____ On this Specific Date: _____

ASSET PROTECTION ASSOCIATION
Durable General Power of Attorney
Digital Assets Form

For assistance refer
to the DPOA
Information TOPIC as
indicated next to the
question.



Who is this Durable General Power of Attorney (DPOA) being created for?

Full Legal Name: _____

Would you like to include digital assets in your power of attorney? *(Digital Assets can include online accounts, files or media saved on computers or online, and any kind of digital device. If you select "Yes," this portion of the document (the "Digital Assets Memorandum") should be kept private and separate from the rest of the document. Select "No" if you do not want to include digital assets.)* YES ____ NO ____

Digital Assets

If YES, What digital assets would you like to include? (Check all that apply.)

_____ **Digital Devices.** (Enter each device one at a time and provide any information your Digital Agent may need to access the device. For example: "Apple Macbook Air, on the desk in my room, access information: username: kathleenjparker, password: kjparker, backup photos onto external hard drives and distribute to children." You may leave any information blank and handwrite items later if you are concerned about privacy issues.)

_____ **Email Accounts.** (Enter each email account one at a time and provide any information your Digital Agent may need to access the account. For example: "Gmail, access information: username: kathleenjparker, password: kjparker, save all my emails in personal folder and close account." You may leave any information blank and handwrite items later if you are concerned about privacy issues.)

_____ **Social Networking Accounts.** (Enter each account one at a time and provide any information your Digital Agent may need to access the account. For example: "Facebook, access information: username: kathleenjparker, password: kjparker, close account." You may leave any information blank and handwrite items later if you are concerned about privacy issues.)

_____ **Online Bank Accounts.** (Enter each account one at a time and provide any information your Digital Agent may need to access the account. For example: "Wellsfargo online account, access information: username: kathleenjparker, password: kjparker, transfer funds to Citibank online account and close account." You may leave any information blank and handwrite items later if you are concerned about privacy issues.)

_____ **Online Media Accounts.** (Enter each account one at a time and provide any information your Digital Agent may need to access the account. For example: "iTunes, access information: username: kathleenjparker, password: kjparker, give access to son, Bradley." You may leave any information blank and handwrite any items later if you are concerned about privacy issues.)

_____ **Other.** (Enter each digital asset one at a time and provide any information your Digital Agent may need to access your digital asset. For example: "Steam account, username: kathleenjparker, password: kjparker, close account." You may leave any information blank and handwrite any items later if you are concerned about privacy issues.)

For each item checked, go to the applicable page to complete the requested information.

Who will be appointed as Digital Agent to manage your digital assets on your behalf? (You can select a sole Digital Agent, Co-Digital Agents, or the same Agent who handles your other affairs to act on your behalf.)

Digital Agent

_____ The same Agent(s) appointed in my Durable Power of Attorney to handle my other affairs

_____ Sole Agent Name: _____

Check if Spouse ☐ Address: _____

Phone: _____

Do you want to appoint a person to serve as a Successor Digital Agent (the "Alternate Digital Agent") if the Sole Digital Agent cannot serve? An

Alternate Digital Agent

Alternate Digital Agent should be named in case the initial Digital Agent becomes unwilling or unable to continue serving. YES _____ NO _____

If YES, Alternate: Name: _____

Address: _____

Phone: _____

_____ Co-Agents Name: _____

Check if Spouse ☐ Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

If both Co-Digital Agents are unable to serve, do you want to select an alternate Digital Agent? (Select "Yes" to enter the name of an alternate Digital Agent who will serve only in the event both primary Co-Digital Agents are unable to serve.) YES _____ NO _____

Alternate Digital Agent

If YES, Alternates: Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Will your Digital Agent be entitled to receive compensation for services performed in connection with this Power of Attorney? YES _____ NO _____

Agent Compensation

Will your Digital Agent be entitled to reimbursement for reasonable expenses? (Select "Yes" if your Digital Agent will be reimbursed for all reasonable expenses related to the Power of Attorney.) YES _____ NO _____

Agent Reimbursement

Covered Digital Asset: DIGITAL DEVICES

(Copy this page if more needs to be listed.)

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Item: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Covered Digital Asset: EMAIL ACCOUNTS

(Copy this page if more needs to be listed.)

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Email: _____
Access Information: _____
Where to Access: _____
Username: _____
Password: _____
Other Information: _____

Covered Digital Asset: SOCIAL NETWORKING ACCOUNTS

(Copy this page if more needs to be listed.)

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

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Account: _____

Access Information: _____

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Other Information: _____

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Where to Access: _____

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Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Covered Digital Asset: ONLINE BANK ACCOUNTS

(Copy this page if more needs to be listed.)

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Bank: _____

Account #: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Covered Digital Asset: ONLINE MEDIA ACCOUNTS

(Copy this page if more needs to be listed.)

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

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Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Account: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: . _____

Covered Digital Asset: OTHER DIGITAL ASSETS

(Copy this page if more needs to be listed.)

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

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Digital Asset: _____

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Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: _____

Digital Asset: _____

Access Information: _____

Where to Access: _____

Username: _____

Password: _____

Other Information: . _____

ASSET PROTECTION ASSOCIATION
Advance Health Care Directive (Living Will)

For assistance refer
to the AHCD
Information TOPIC as
indicated next to the
question.



Who is this Advance Health Care Directive (AHCD) being created for?

Full Legal Name: _____

Home Address: _____

Who do you appoint as your Agent to make health care decisions for you? (Enter the name and current address of the Agent. The Agent will have the authority to make health care decisions for you. Review the limitations in the Advance Health Care Directive Information document.)

Check if Spouse ☐ Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Do you want to appoint an Alternate Agent? (Select "Yes" to designate an Alternate Agent to act on your behalf if the first choice is unwilling or unable to do so or if the Agent's authority is revoked. Review the limitations in the Advance Health Care Directive Information document.)

.....YES ____ NO ____

If YES, Alternate: Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Do you want to appoint a Second Alternate Agent? (Select "Yes" to name a second Alternate Agent. If the first Alternate Agent resigns or is unable to perform, the second Alternate Agent can assume all responsibility. You do not have to name a second Alternate Agent.)

.....YES ____ NO ____

If YES, 2nd Alternate: Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Your Agent will be authorized to make all of your health care decisions unless you state exceptions to that authority here: (If desired, enter any exceptions to the agent's authority to act on your behalf. If no exceptions are stated, the agent will have authority to make all health care decisions for you, including decisions to withhold or withdraw treatment. Leave the field blank if there are no limitations.)

Exceptions to Agent's Authority, if any: _____

Overview of Advance
Directive

Agent Choice

Alternate Agents

Decisions Your Agent
Can Make

When will your Agent's authority to make health care decisions begin? (Select the option that defines when the Agent's authority will become effective. Generally, the Agent's authority is NOT effective until your Primary Physician determines you are unable to make health-care decisions. **NOTE: If authority takes effect immediately, initial this provision on the printed form.**)

- ☐ Agent is authorized immediately
- ☐ When my doctor says I am unable to make my own health care decisions.

If you need a Guardian or Conservator, do you name the Agent to be your Guardian or Conservator?YES ☐ NO ☐
(Select "Yes" if you prefer your Agent to be your guardian or conservator if one is needed. If the Agent is unable to serve, the Alternate Agent will be nominated. Guardians and conservators are actually appointed by a court.)

Guardian or
Conservator

Do you want your life to be prolonged regardless of your condition? (Select "Yes" if you want your life prolonged as long as possible within the limits of general health-care standards. Select "No" if you DO NOT want your life to be prolonged and to give further instructions. **NOTE: This provision must be initialed on the printed document.**)YES ☐ NO ☐

Life-Sustaining
Procedures

If NO, Under what circumstances should treatment be withheld and withdrawn?
Check all that apply:

- ☐ If I have an irreversible condition and death will occur soon.
- ☐ If I am permanently unconscious.
- ☐ If the risks of treatment outweigh the expected benefits.

Terminal Condition

Permanent
Unconsciousness

Do you want to receive food and fluids artificially regardless of your condition? (Select "Yes" if artificially administered nutrition (food) and hydration (fluids) should be provided regardless of your condition and regardless of your choices made in the previous questions. **NOTE: This provision must be initialed on the printed document.**) YES ☐ NO ☐

Artificial
Nutrition/Hydration

Under what circumstances would you NOT want treatment to alleviate pain or discomfort? (If desired, enter any reasons why you would not want to receive treatment to reduce discomfort or pain. Leave this field blank if you always want to receive treatment for pain and discomfort, even if it hastens your death.)

Withdraw of Treatment

Other Requests or
Instructions

Do you want to state any additional wishes or instructions? (Select "Yes" if you want to state additional wishes or instructions.) YES ☐ NO ☐

Other Requests or
Instructions

If YES, What additional health care instructions do you wish to give?
(Enter your additional wishes or instructions. For example, state your preference where you receive your care, your personal values, or special instructions to your agent.)

I direct that:

Which organs or tissues do you want to donate at your death, if any? *(Select the option that best states which organs, tissues, or body parts you would like to donate upon your death. Such donations are referred to as "anatomical gifts".)*

Organs Donated

Anatomical Gifts /
Organ Donation

Use of Organs

_____ **I give any needed organs, tissues, or parts.** How should the donated organs be used? *(Select all the options that indicate how you want your donation used.)*

_____ Transplantation

_____ Therapy

_____ Research

_____ Education

_____ **I give only specific organs, tissues, or parts.** Which specific organs do you want to donate? *(Complete this sentence for a description of any organs, tissues, or parts that you want to donate upon your death. For example, "heart, lungs, liver, and kidneys".)*

I give the following: _____

_____ I do not wish to donate my organs, tissues, or parts.

Can your Agent authorize an autopsy and make arrangements for disposal of your remains? YES _____ NO _____

Autopsy

Who do you designate as your Primary Physician? *(Enter the name and address of a physician who you desire to be primarily responsible for your health care.)*

Indicate Name, Address and Phone: _____

Alternate Physician, if any: _____

Who will be two (2) witnesses of your signature on the AHCA document? *(You can designate at time of signing if you do not know.)*

Witnesses

1st Name, Address: . _____

2nd Name, Address: _____

ASSET PROTECTION ASSOCIATION
HIPAA Authorization Form

For assistance refer
to the HIPAA
Information TOPIC as
indicated next to the
question.



Overview of HIPAA
Authorization Form

Covered Entities

Who is the patient whose protected health information will be shared?

Full Legal Name: _____

Home Address: _____

Who will be sharing the patient's information? *(For example, you can name the patient's health plan, a specific doctor or hospital; any health care provider or organization/person that may have the patient's medical records. You can choose types of organizations or be very specific with names.)*

_____ Any and All health plans, health care clearinghouses, and health care providers.

OR, Select any one or more of the following:

_____ All of Patient's Health Plans

_____ All Health Care Clearinghouses

_____ All Health Care Providers

_____ Other: Name specific persons or organizations, such as doctors, hospitals, etc.: _____

Who will receive the health information of the patient? *(If you have (or are now creating) a Advance Health Care Directive (AHCD) or Power of Attorney for Health Care, you may wish to choose your Agent as the recipient. Otherwise, you will need to identify a specific person or organization.)*

Recipient of Protected
Health Information

Check if AHDC Name: _____

Agent: ☐ Address: _____

OR, Indicate the following recipient:

Individual: _____

or, Organization: _____

Address: _____

Relationship to Patient: _____

Check here if this person or organization named here is a health plan or health care provider: ☐

When will this authorization begin? *(Enter Effective Date.)* _____

What protected health information may be shared with the recipient?

Shared Health
Information

☐ All treatment records

OR, Select one or more of the following:

☐ Medical records

☐ Communicable diseases (including HIV and AIDS)

☐ Alcohol/drug abuse treatment

☐ Mental health records

☐ Other: Specify other health records (such as chiropractic records):

What period of health information may be shared? *(The patient may only want health information from a specific period of time shared with the recipient.)*

Time Period for
Disclosure

☐ All health information past, present, and future

☐ Health information only from a specific period of time

Start Date: _____

End Date: _____

Why is this health information being disclosed? *(Select the generic statement below or write your own explanation, such as "so that my attorney can pursue an injury claim.")*

Purpose

☐ To ensure continuity of care

☐ Other: _____

When will this authorization form expire? *(By law, an authorization must expire. The end date may be either a specific date or a specific event. For example: at the end of life or end of a court case.)*

Expiration

☐ At the time of patient's death

☐ Date: _____

☐ Other: _____