INTAKE FORM

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To whom do you desire to leave the remaining balance of your trust include name, address and relationship you're your death):
If Trust for Minor Children is included, at what age shall the trust terminate; are all assets distributed to child at this age?
Other instructions you wish to be in your Will:
Five Wishes Health Care Power of Attorney Nome address phase number of person to whom you are civing your power of attorney for
Name, address, phone number of person to whom you are giving your power of attorney for health care decisions:
Name, address, phone number of successor to whom you are giving your power of attorney for health care decisions:
Name, address, and phone number of your physician:
If your physician cannot or will not act on your behalf, the name, address and phone number of a successor:
<u>Durable Power of Attorney</u>
Name, address, phone number of the person to whom you are giving your Power of Attorney:

Name, add	lress, phone n	umber of the	successor to	whom you a	re giving yo	our Power of	Attorney:

List of Assets to be placed in Trust:

Real estate: Please provide copy of all warranty deeds as title is currently held.

Bank accounts. Please provide copies of statement (without transactions) to show name on account, bank, address of bank, account number(s).

List the name of any current successor beneficiaries on account, other signatories, and your desire as to who will own this account upon your death

Car titles: Please provide copies. Also designate who would be on title for Transfer on death to keep out of trust and out of probate.

Stocks and Bonds: Please provide copies of account statements for name on acct, etc. Name any current successor beneficiaries on account, directions for new beneficiary (trust or individual)

List of personal assets (art, jewelry, silver, electronics, antiques, etc.) valued at over \$500:

Any other assets: Oil royalties, water rights, anything else of value