

LINNELL & ASSOCIATES

ESTATE PLAN INFORMATION SHEET

Date: _____ How did you hear about us? _____

Primary	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name		Middle Name		Last Name		
	Previous Name or Aliases				How do you sign name?				
	Address 1				Address 2				
	City			State		Zip Code		County	
	Home Telephone		Cellular		Office (including extension)		Email address		
	Date of Birth			Social Security No.			Previous Name or Alias		
	MI Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				
	Occupation				Employer Name				
	Employer Address 1				Employer Address 2				
	Employer City			Employer State		Employer Zip Code		Employer Phone	

Spouse	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name		Middle Name		Last Name		
	Previous Name or Aliases				How do you sign name?				
	Cellular			Office (including extension)			Email address		
	Date of Birth			Social Security No.			Previous Name or Alias		
	MI Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?				
	Occupation				Employer Name				
	Employer Address 1				Employer Address 2				
	Employer City			Employer State		Employer Zip Code		Employer Phone	

Children	Child 1	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 2	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 3	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	
	Child 4	Parent(s)		First Name		Last Name		Date of Birth		Social Security No.		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
		Address (if different from yours)				City		State		Zip Code		Phone	

Children (continued)	Child 5	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 6	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 7	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code
	Child 8	Parent(s)	First Name	Last Name	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Address (if different from yours)			City	State	Zip Code

Other Dependents	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Name	Address (if different from yours)	Date of Birth	Social Security No.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

- If you have previously executed any of the following documents, please provide the following information and provide a copy of the document or instrument:

Prenuptial/Postnuptial Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Will <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Trust <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State
Designation of Patient Advocate <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	County	State

- Please provide copies of any Judgment of Divorce and Property Settlement Agreement or, if not available, please identify the state and county where the divorce took place. _____

Do you or anyone you intend to include in your Will or Trust have any unusual health problems, mental illness, or a disability? Yes No. If yes, please explain: _____

Name	Nature
Name	Nature
Name	Nature

- If neither you nor your spouse were living, who would you like to take care of your minor/disabled children day-to-day?

Guardian	Guardian	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code
	1st Alternate	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code
	2nd Alternate	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code

- If neither you nor your spouse were living, who would you like to handle your minor/disabled children's financial affairs?

Conservator	Conservator	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code
	1st Alternate	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code
	2nd Alternate	First Name	Middle Name	Last Name
		Address 1		Address 2
		City	State	Zip Code

- Upon your death, who do you wish to nominate as personal representative of your estate? (Executor):

Personal Representative	Personal Representative	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone
	Primary	1st Alternate	First Name	Middle Name	Last Name
			Address 1		Address 2
			City	State	Zip Code
	2nd Alternate	First Name	Middle Name	Last Name	
		Address 1		Address 2	
		City	State	Zip Code	Telephone

- Will your funeral representative be the same as your personal representative? Yes No
If not, who do you designate as your funeral representative and alternate representative?

Personal Representative (continued)	Spouse	Personal Representative	First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
		1st Alternate	First Name	Middle Name	Last Name			
			Address 1			Address 2		
			City	State	Zip Code	Telephone		
	2nd Alternate	First Name	Middle Name	Last Name				
		Address 1			Address 2			
		City	State	Zip Code	Telephone			

- Will your funeral representative be the same as your personal representative? Yes No
If not, who do you designate as your funeral representative and alternate representative?

- During your lifetime, if you are unable to make property or financial decisions, who would you nominate as your attorney-in-fact? (For financial purposes):

Attorney-in-Fact	Primary	Personal Representative	First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
		1st Alternate	First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
		2nd Alternate	First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
		Spouse	Personal Representative	First Name	Middle Name	Last Name			
				Address 1			Address 2		
				City	State	Zip Code	Telephone		
	1st Alternate		First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
	2nd Alternate		First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			

- During your lifetime, if you are unable to make medical decisions, who would you designate your patient advocate for healthcare/medical decisions?

Patient Advocate	Primary	Patient Advocate	First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
		1 st Alternate	First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
	2 nd Alternate	First Name	Middle Name	Last Name					
		Address 1			Address 2				
		City	State	Zip Code	Telephone				
	Spouse	Patient Advocate	Patient Advocate	First Name	Middle Name	Last Name			
				Address 1			Address 2		
				City	State	Zip Code	Telephone		
1 st Alternate			First Name	Middle Name	Last Name				
			Address 1			Address 2			
			City	State	Zip Code	Telephone			
2 nd Alternate		First Name	Middle Name	Last Name					
		Address 1			Address 2				
		City	State	Zip Code	Telephone				

- If you are considering creating a Trust, please complete the section below.

Trustee	Trustee	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		
	1 st Alternate	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		
	2 nd Alternate	First Name	Middle Name	Last Name			
		Address 1			Address 2		
		City	State	Zip Code	Telephone		

FINANCIAL MATTERS

- Please list all assets owned by you, jointly with your spouse, or jointly with another person:

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
Checking	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Savings	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Certificate of Deposit	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Money Market	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Stock	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Bonds	1			\$
	2			\$
	3			\$

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Mutual Fund	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
Retirement Plan	1			\$
	2			\$
	3			\$
	4			\$
IRA	1			\$
	2			\$
	3			\$
	4			\$
401K	1			\$
	2			\$
	3			\$
	4			\$
Pension	1			\$
	2			\$
	3			\$
	4			\$
Promissory Note	1			\$
	2			\$
	3			\$
	4			\$
Note/Loan (owed to you)	1			\$
	2			\$
	3			\$
	4			\$
Automobile	1			\$
	2			\$
	3			\$
	4			\$
Boat	1			\$
	2			\$
	3			
	4			

Asset		Description/Institution	Owner (sole/joint)	Value/Amount
Recreation Vehicle	1			\$
	2			\$
	3			\$
	4			\$
Art / Antiques	1			\$
	2			\$
	3			\$
	4			\$
Collections	1			\$
	2			\$
	3			\$
	4			\$
Jewelry	1			\$
	2			\$
	3			\$
	4			\$
Other:	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	6			\$
	7			\$
	8			\$
	9			\$
	10			\$

- Please list all real estate, including personal residence(s), owned by you or your spouse

Address	Market Value	Balance Owed	Title Holder(s)
Address	Market Value	Balance Owed	Title Holder(s)
Address	Market Value	Balance Owed	Title Holder(s)
Address	Market Value	Balance Owed	Title Holder(s)

- If you are the beneficiary of any trust or anticipate any inheritances in the foreseeable future, please provide the following information:

Beneficiary	Type (cash, real estate, furniture, etc.)	Amount/ Value
		\$
		\$
		\$

- Please list any liabilities (debts) other than a mortgage.

Beneficiary	Type (cash, real estate, furniture, etc.)	Amount/ Value
		\$
		\$
		\$

Life Insurance	Primary	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Spouse	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Children	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Other	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		

Disability, Accident and/or Health Insurance	Primary	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Spouse	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Children	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		
	Other	Policy Owner		Insured				
		Company Name		Company Address		City	State	Zip Code
		Primary beneficiary		Contingent Beneficiary		Face Value (death benefit)		

- Please list the following information regarding your business interests:

Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$
Business Name	Entity (Corp., LLC, Sole, etc.)	Agreements (Buy/Sell, stock)	Ownership (% or shares)	Value \$

- Please identify the following professionals that have assisted you with your assets:

Accountant or CPA	First Name	Last Name	Company Name
	Address 1		Address 2
	City	State	Zip Code
	Telephone Number	Fax Number	E-mail Address
Financial Advisor	First Name	Last Name	Company Name
	Address 1		Address 2
	City	State	Zip Code
	Telephone Number	Fax Number	E-mail Address
Insurance Agent	First Name	Last Name	Company Name
	Address 1		Address 2
	City	State	Zip Code
	Telephone Number	Fax Number	E-mail Address

Do you wish to provide for anatomical gifts upon your death (e.g., heart, kidneys, eyes, corneas, skin)?
 Yes No

Do you wish to provide for funeral arrangements in your Will (e.g., burial, cremation, etc.)? Yes No

Where are your cemetery lots, if any? _____

Do you have specific intentions regarding disposition of any of your tangible personal property (e.g., jewelry, antiques, collections, recreational items, etc.?) If yes, please list on a separate piece of paper. Yes No

If there are any specific persons or charities (other than immediate family members described earlier) you want to benefit from your estate, please list:

MISCELLANEOUS

If you ever lived in a community property state (e.g., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Idaho, or Wisconsin), please list separately any assets held there or brought into Michigan from there.

Have you ever filed a gift tax return? Yes No

Do you plan to provide for a pet? Yes No

Are there any other special testamentary wishes or considerations you would like included in your estate plan? Yes No If yes, please explain.

DEFINITIONS

Guardian

A guardian is legally responsible for the child's physical care, health, education, and welfare until he or she reaches 18 years of age. The guardian is not responsible for meeting the child's financial needs with his or her own money. Many times, a trustee handles those arrangements with money provided by your estate. The guardian is not paid for his or her services. Technically, your choice of guardian is just a recommendation to the Court. However, Michigan law gives high priority to your recommendation. The Court will generally honor your choice unless it's presented with compelling evidence against that choice.

Conservator

As defined by Michigan's Estates and Protected Individuals Code (EPIC), a conservator is a person appointed by a court to manage your minor child's assets until he or she reaches 18 years of age. This role is different from the role of trustee, which is the person or entity that manages the assets you leave to your child(ren) in a trust.

Personal Representative

The personal representative, previously known as an Executor, is the individual you place in charge of settling your estate after you pass. Technically, your choice of Personal Representative is a recommendation to the Court you state in your will. However, Michigan law states that the person you nominate will be appointed as personal representative unless it's presented with compelling evidence against that choice. The duties of a personal representative can be wide-ranging, from settling the decedent's final bills and taxes to gathering and distributing assets to beneficiaries.

Funeral Representative

Michigan's *Funeral Representative Act's* purpose is to allow Michigan residents to designate someone they trust – not necessarily a family member – to plan their funerals. A funeral representative is an individual designated in your will that has the right and power to make decisions about funeral arrangements and the handling, disposition, or disinterment of your body, including, but not limited to, decisions about cremation, and the right to possess cremated remains of the decedent.

Attorney-in-Fact (Durable Power of Attorney for Finances)

An attorney-in-fact, also called an "agent," is a person who is authorized to act on behalf of another person, known as the "principal." An attorney-in-fact is usually appointed through a legal document called a power of attorney (POA). This document gives the attorney-in-fact the authority to make decisions and take actions on behalf of the principal in a variety of legal and financial matters. For example, an attorney-in-fact might be given the power to sign documents, manage a bank account, or sell property on behalf of the principal. Attorneys-in-fact don't require any special qualifications and can be a family member or close friend.

Patient Advocate

If you become unable to make your own medical decisions, you can choose a person to make these decisions for you if you become incapacitated by signing a legal document called a "patient advocate designation." This legal document gives the person you choose (the patient advocate) authority to make decisions for your care, custody, and medical treatment when you cannot. You can decide what care and medical treatment you want included in your patient advocate designation. You can also give your patient advocate permission to donate your organs or other body parts for transplant or research after you die. After you complete the patient advocate designation, your patient advocate must accept and agree to the terms. Your patient advocate can make decisions for you **only** 1) after signing an acceptance, 2) when you are unable to make your own medical treatment decisions, and 3) after your attending physician (or supervising physician if you have more than one physician) and another physician or a licensed psychologist determine that you are unable to make your own medical treatment decisions.

Trustee/Successor Trustee

The person(s) who initially create a trust are the trustees. You then must choose an individual(s) to manage the trust after all trustees have passed. This is not to be confused with a beneficiary- the person who receives the assets allocated in the trust. Upon acceptance of a Successor Trusteeship, the Successor trustee must administer the trust in good faith, expeditiously, in accordance with its terms and purposes, for the benefit of the trust beneficiaries, and in accordance with Michigan law. When choosing a Successor Trustee(s), it is important to choose someone responsible and dedicated. This is because a successor trustee has a lot of important responsibilities, including:

- Finding the governing trust documents
- Administering the trust by the terms of the document
- Identifying and securing trust property
- Creating an inventory of all property owned by the trust
- Being reliable to the beneficiaries of the trust
- Dealing with the beneficiaries impartially
- Avoiding conflicts of interest between you and the trustor or beneficiaries
- Legally separating and recognizing trust property
- Carefully managing and investing the trust's assets
- Paying the trust's taxes