

HAMMOND LAW ESTATE PLANNING WORKSHEET

INSTRUCTIONS: COMPLETING THIS WORKSHEET WILL NOT ONLY FACILITATE YOUR UPCOMING ESTATE PLANNING MEETING BUT WILL ALSO PREPARE YOU FOR THE ISSUES WE WILL DISCUSS AND ALLOW YOU TO FORMULATE ANY SPECIFIC QUESTIONS YOU MAY WANT TO ASK. YOU SHOULD ATTEMPT TO PROVIDE AS MANY ANSWERS AS POSSIBLE. YOU WILL HAVE SEVERAL OPPORTUNITIES TO REVISE ANY OR ALL OF YOUR ANSWERS PRIOR TO SIGNING YOUR FINAL DOCUMENTS. IF YOU ARE UNSURE, SIMPLY LEAVE THE ANSWER BLANK. PLEASE PROVIDE FIRST NAME, MIDDLE INITIAL, LAST NAME AND RELATIONSHIP FOR EACH PERSON NAMED (E.G., JOHN F. DOE, BROTHER).

	INDIVIDUAL	SPOUSE
CLIENT NAME		
CLIENT ADDRESS	_____ _____ _____	_____ _____ _____
CLIENT PHONE		
CLIENT EMAIL		
LAST 4 DIGITS SSN		

Please list full names and dates of birth for each of your children.

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

LAST WILL AND TESTAMENT

Who do you want to be the executor of your estate (known as a “Personal Representative”)?

	INDIVIDUAL	SPOUSE
PRIMARY EXECUTOR		
ALTERNATE EXECUTOR		
2ND ALTERNATE EXEC.		

If you have children under the age of 18, who do you want to act as their parent (Guardian of the Person) if both parents have died before they turn 18?

	INDIVIDUAL	SPOUSE
PRIMARY GUARDIAN		
ALTERNATE GUARDIAN		

Who do you want to manage property passing to your minor children (Guardian of the Property or Trustee)? This can be the same persons you have named to act as their parents, but it doesn't have to be the same.

	INDIVIDUAL	SPOUSE
PRIMARY GUARDIAN		
ALTERNATE GUARDIAN		

PERSONAL FINANCIAL POWER OF ATTORNEY

During your lifetime, if you become unable to manage your property—due to disability **or** unavailability—who do you trust to act as your financial agent, having complete control over your property? It is recommended to name multiple, alternate agents. Do not worry about physical proximity of your agent. Also, you can name your spouse as your primary agent.

	INDIVIDUAL	SPOUSE
AGENT 1:		
AGENT'S ADDRESS:		
AGENT'S PRIMARY PHONE:		
AGENT 2:		
AGENT'S ADDRESS:		
AGENT'S PRIMARY PHONE:		
AGENT 3:		
AGENT'S ADDRESS:		
AGENT'S PRIMARY PHONE:		
AGENT 4:		
AGENT'S ADDRESS:		
AGENT'S PRIMARY PHONE:		

ADVANCE DIRECTIVE (MEDICAL POWER OF ATTORNEY & LIVING WILL)

If you become unable to make medical decisions for yourself, either temporarily or permanently, who do you want to make medical decisions for you? Again, you can name your spouse as your primary health care agent. Proximity of your agents should be taken into account for medical decision-making.

	INDIVIDUAL	SPOUSE
AGENT 1:	_____	_____
AGENT'S ADDRESS:	_____	_____
AGENT'S PRIMARY PHONE:	_____	_____
AGENT 2:	_____	_____
AGENT'S ADDRESS:	_____	_____
AGENT'S PRIMARY PHONE:	_____	_____
AGENT 3:	_____	_____
AGENT'S ADDRESS:	_____	_____
AGENT'S PRIMARY PHONE:	_____	_____
AGENT 4:	_____	_____
AGENT'S ADDRESS:	_____	_____
AGENT'S PRIMARY PHONE:	_____	_____

Would you allow your agent to admit you to a psychiatric hospital if two psychiatrists agreed in writing that you were in need of inpatient psychiatric treatment? Circle one.

	INDIVIDUAL	SPOUSE
PSYCHIATRIC TREATMENT	YES NO	YES NO

Are your treatment preferences strongly guided by your religious beliefs? If so, which of the following religious guidance do you want incorporated into your advance directive to guide your agent's decisions?

	INDIVIDUAL	SPOUSE
RELIGIOUS PROVISIONS	_____ CATHOLIC _____ JEWISH _____ CHRISTIAN _____ OTHER: _____	_____ CATHOLIC _____ JEWISH _____ CHRISTIAN _____ OTHER: _____

If you had lost the ability to make medical decisions for yourself and if you were suffering from a **terminal condition**, that is an *incurable* condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes *death imminent* and from which, despite the application of life-sustaining procedures, there can be *no recovery*, would you want to receive life-sustaining treatment, including but not limited to CPR, ventilators, and tube feeding to delay the dying process?

	INDIVIDUAL	SPOUSE
TERMINAL CONDITION	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING

If you had lost the ability to make medical decisions for yourself and if you were suffering from a **persistent vegetative state**, that is a *loss of consciousness*, exhibiting *no evidence of self-awareness* or awareness of surroundings other than reflex activity and from which it can be determined, that there can be *no recovery*, would you want to receive life-sustaining treatment, including but not limited to CPR, ventilators, and tube feeding to delay the dying process?

	INDIVIDUAL	SPOUSE
PERSISTENT VEGETATIVE STATE	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING

If you had lost the ability to make medical decisions for yourself and if you were suffering from an **end-stage condition**, that is an advanced, progressive, *irreversible* condition that has caused *severe and permanent deterioration* indicated by *incompetency* and complete physical dependency and for which *treatment would be medically ineffective*, would you want to receive life-sustaining treatment, including but not limited to CPR, ventilators, and tube feeding to delay the dying process?

	INDIVIDUAL	SPOUSE
END-STAGE CONDITION	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING	<input type="checkbox"/> YES, INDEFINITELY <input type="checkbox"/> YES, FOR A LIMITED TIME <input type="checkbox"/> NO, ALLOW NATURAL DEATH <input type="checkbox"/> NO, BUT I WANT TUBE FEEDING

Despite your condition, would you allow your health care agent to request medication, surgery or other interventions on your behalf to relieve pain?

	INDIVIDUAL	SPOUSE
PAIN RELIEF	YES NO	YES NO

Do you want your health care instructions to be binding on your agent, meaning that they must be followed exactly as stated in the document? Or would you like to give your agent flexibility to make a decision contrary to your expressed wishes, if your agent believes such a decision to be in your best interest?

	INDIVIDUAL	SPOUSE
EFFECT OF STATED PREFERENCES	<input type="checkbox"/> GUIDANCE <input type="checkbox"/> BINDING	<input type="checkbox"/> GUIDANCE <input type="checkbox"/> BINDING

Please indicate below which parts of your body, if any, you would like to donate, and the purposes for which those parts can be used?

	INDIVIDUAL	SPOUSE
ANATOMICAL DONATION	<input type="checkbox"/> NONE <input type="checkbox"/> ORGANS <input type="checkbox"/> TISSUES <input type="checkbox"/> EYES <input type="checkbox"/> ANY LAWFUL PURPOSE EXCEPT AS A CADAVER <input type="checkbox"/> TRANSPLANTATION ONLY	<input type="checkbox"/> NONE <input type="checkbox"/> ORGANS <input type="checkbox"/> TISSUES <input type="checkbox"/> EYES <input type="checkbox"/> ANY LAWFUL PURPOSE EXCEPT AS A CADAVER <input type="checkbox"/> TRANSPLANTATION ONLY

Please indicate any preferences you may have regarding the disposition of your body and your funeral arrangements. If you do not have any preferences, these decisions will be left to the discretion of your health care agent and/or your family.

	INDIVIDUAL	SPOUSE
FUNERAL ARRANGEMENTS	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> NO PREFERENCE OTHER SPECIFICS:	<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> NO PREFERENCE OTHER SPECIFICS:

For female clients, if there is any possibility that you may become pregnant, and either your condition or the condition of your unborn baby requires that the preservation of one life take priority over the other, which life would you instruct your agent to preserve?

	INDIVIDUAL	SPOUSE
PRIORITY OF PRESERVATION	MOTHER UNBORN BABY	MOTHER UNBORN BABY

If you were pregnant, how would your instructions regarding life-sustaining treatment change, if at all?

	INDIVIDUAL	SPOUSE
LIFE-SUSTAINING TREATMENT WHILE PREGNANT	IF _____ WEEKS GESTATIONAL AGE OR MORE, THEN PROVIDE LST. IF _____ WEEKS GESTATIONAL AGE OR MORE, CONSULT WITH DOC. _____ CONSULT WITH 2 DOCTORS REGARDING CHANCES OF VIABILITY.	IF _____ WEEKS GESTATIONAL AGE OR MORE, THEN PROVIDE LST. IF _____ WEEKS GESTATIONAL AGE OR MORE, CONSULT WITH DOC. _____ CONSULT WITH 2 DOCTORS REGARDING CHANCES OF VIABILITY.

Please list below any additional special circumstances or considerations that you think may affect your estate plan (i.e., disability of a family member, pre- or post-nuptial agreements, blended families, creditor concerns).

PLEASE PROVIDE AS MUCH INFORMATION ABOUT YOUR ASSETS AND THEIR VALUES AS YOU ARE ABLE.

Real Property
<i>Address</i>

Non-Retirement Securities (Brokerage Accounts, Stocks, Bonds, Mutual Funds, Savings Bonds)

<i>Bank</i>	<i>Account #</i>	<i>Name(s) on Account</i>	<i>Type of Account</i>	<i>Current Value</i>

Retirement Accounts (IRA, 403(b), 457, 401(k), Keogh, Qualified and Non-Qualified Annuities)

<i>Bank</i>	<i>Account #</i>	<i>Name(s) on Account</i>	<i>Type of Account</i>	<i>Current Value</i>

Miscellaneous Assets (Owned for Investment/Value Purposes (antiques, furs, art, jewelry, etc.))

<i>Type of Asset</i>	<i>Owner(s)</i>	<i>Value</i>

Debts: Loans, Mortgages, Credit Cards, Lines of Credit, Car Loans or Other Debts of Either Spouse

<i>Creditor</i>	<i>Debtor</i>	<i>Principal Balance</i>