



## **Renard Law Office LLC**

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# **INFORMATION REQUIRED TO DRAFT ESTATE PLANNING DOCUMENTS**

## **WILLS and TRUSTS:**

1. Designate who will be the Executor (Personal Representative)? Trustee? Name and Address. Also, name at least one alternate. (Trustee is necessary if you establish a trust, whether a Revocable "Living" Trust or a testamentary trust created and established in your Will.)
2. Who gets your property when you die? If more than one person, what percentage or amount to each person? Is there anyone who should receive a specific bequest (an amount of money paid before the other beneficiaries receive their distributions)?
3. If giving to a minor child, what age would you want them to receive principal distributions from the trust? Do you want the Trustee to allow distributions at various ages? (Ex: portion at 22, portion at 25, balance at 28). What ages and what amounts/percentages? While their Trust is in existence, what can the principal be used for (ex: downpayment on a home, medical expenses, post high-school education)?
4. If you have minor children, who would the Guardian be? Select at least one alternate. (Stick with family members—not in-laws—in case of divorce.)
5. What if you and your spouse and children die—where should your property go ("Catastrophe Clause")?
6. If one of your children dies ahead of you, where should his/her share go—to your other children, or to grandchildren?
7. Your full name (and your spouse's/partner's) as you sign important documents and address.

## **POWERS OF ATTORNEY (FINANCIAL AND MEDICAL/HEALTH CARE)**

1. Designated agent to take care of all your financial affairs if you are disabled. Pick at least one alternate. Include names and addresses and telephone numbers of agents.
2. Do you want your agent to be able to be paid to act as Financial Power of Attorney? If so, what sum of money, or what dollar amount per hour?
3. For privacy reasons, the last four digits of your security number (SSN).
4. Do you want more than one person to act as agent? If so, should they have to act together on all things or can they each act independently?
5. Your Date of Birth (DOB).
6. For Medical POA, select someone who, when interacting with medical staff, physicians, and providers, will be able to be a strong advocate for your wishes.