INFORMATION REQUIRED TO DRAFT ESTATE PLANNING DOCUMENTS

WILLS and TRUSTS:

- 1. **Designate who will be the Executor (Personal Representative)? Trustee?** (Provide name and address). Also, name at least one alternate.
- 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: down-payment 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 or her share go-to your other children, or to grandchildren?
- 7. Your full name(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.

Renard Law Office, LLC Attorney Linda R. Renard 6749 Glacier Dr., West Bend, WI 53090 West Bend, WI 53090

Tel: 262-629-5937 Fax: 262-629-5938

<u>linda@renardlaw.com</u>

REV 7-15-2020