

Farmer Asset & Land Protection Trust

Below please find the information you will need to collect in order for us to prepare the Farmer Asset & Land Protection Trust. Please take a look at the information and let us know if you have any questions or concerns. The items in **RED** are the questions that you need to answer (if applicable). The information in **ITALICS** can help clarify and define terms.

1. Name of Trust: (Common Example - The YOUR LAST NAME Family Protection Trust, OR it could be something different):

The (_____) Family Protection Trust

2. Grantor's Name (This is YOU), Phone Number and Email Address:

(_____) (_____) (_____)
First Name MI Last Name

Phone Number: (_____) **Email:** (_____)

3. Home address: (_____) **City:** (_____)

County: (_____) **State:** (_____) **Zip:** (_____)

4. Other Real Property:

Address: (_____) **City:** (_____)

County: (_____) **State:** (_____) **Zip:** (_____)

(Add additional pages if necessary)

5. Trustee(s): Who will be appointed as the current Trustee(s):

In an Asset Protection Trust, the Grantor (the person setting up the trust) needs to select someone else as the Trustee. The Trustee has important duties and powers and should be someone that the Grantor trusts implicitly. The Trustee could be a spouse, close relative or friend. The Trustee is responsible for managing the properties owned by the trust, paying the expenses of the trust and distributing the net income and principal of the trust. The Trustee is also responsible for managing the trust and distributing the trust assets after the death of the Grantor.

YOU MUST PICK ONE OF THE FOLLOWING TRUSTEE OPTIONS:

- OPTION A:** A single Trustee (no back-up is named).
- OPTION B:** A single Trustee with only one named alternate Trustee.
- OPTION C:** A single Trustee, then an alternate and then another back-up (each Trustee is named and serves in succession).
- OPTION D:** A single Trustee with two alternate co-Trustees if the first cannot act.
- OPTION E:** Two co-Trustees; if one co-Trustee fails, the other continues to act alone (no alternate Trustee is named).
- OPTION F:** Two co-Trustees with an alternate co-Trustee if either of the initial co-Trustees ceases to act.
- OPTION G:** Two co-Trustees; if either co-Trustee fails, the other continues to act alone. If both co-Trustees fail, an alternate Trustee is named.
- OPTION H:** Three co-Trustees acting jointly; if one co-Trustee fails, the other two act jointly, if two fail, the survivor acts alone:

PLEASE INDICATE THE OPTION YOU HAVE SELECTED AND THE NAME(S) OF THE TRUSTEE(S):

OPTION: _____

NAME(S) OF TRUSTEE(S):

(_____) (_____) (_____)
First Name MI Last Name

(_____) (_____) (_____)
First Name MI Last Name

(_____) (_____) (_____)
First Name MI Last Name

6. Guardian(s) for Minor Children: If the Grantor passed away, who would be appointed as the Guardian(s) for any Minor Children (Only applicable if children are under the age of 18):

Parents with children under the age of eighteen (18) have two estate planning concerns. The first is providing for the custody of their children should both biological parents pass away. The second concern is nominating a financial manager (Trustee) to supervise and manage any assets the child would inherit. The same person may fulfill both roles, or one individual may be named as the children's guardian and another as financial manager. The individual or couple that is selected cannot serve as legal guardian until approved by the court. The Trustee named above will act as the financial manager or conservator and does not have to be court appointed. The Trust will also give you more control in determining when your minor children get an outright distribution. It is always a good idea to name alternate guardian(s) for minor children in case the first choice is unable to serve.

YOU MUST PICK ONE OF THE FOLLOWING GUARDIAN OPTIONS:

- OPTION A:** Only one Guardian (no back-up is named).
- OPTION B:** A primary Guardian with only one named successor Guardian.
- OPTION C:** One primary Guardian with a named successor Guardian and then a third named successor Guardian.
- OPTION D:** A primary Guardian with two successor co-Guardians if the primary Guardian stops acting.
- OPTION E:** Two co-Guardians only; the survivor acts alone (no successor is named).
- OPTION F:** Two co-Guardians; the survivor acts alone and a successor Guardian is named in case both of the co-Guardians stop acting.
- OPTION G:** A list of the Guardians in column format.

PLEASE INDICATE THE OPTION YOU HAVE SELECTED AND THE NAME(S) OF THE GUARDIAN(S) FOR MINOR CHILDREN:

OPTION: _____

NAME(S) OF SUCCESSOR GUARDIAN(S) FOR MINOR CHILDREN:

(_____)	(_____)	(_____)
First Name	MI	Last Name
(_____)	(_____)	(_____)
First Name	MI	Last Name
(_____)	(_____)	(_____)
First Name	MI	Last Name

10. If one of the beneficiaries passed away before you, would you want their portion of the Trust Estate to pass on to their children: YES NO

If YES, then please indicate the age or ages when you want the children of a deceased beneficiary to receive their inheritance in full. Prior to reaching the age or ages indicated below, the Trustee(s) will manage the money for the children of the deceased beneficiary, and the money will be used for health, education, maintenance, support, etc.

CHOOSE ONLY **ONE** OPTION

OPTION A: Distribution at one age (_____)

OPTION B: Distribution at two ages (_____) (_____)

OPTION C: Distribution at three ages (_____) (_____) (_____)

11. Please indicate if any beneficiary has special needs: YES NO

If YES, what percentage or dollar amount of the estate will this beneficiary receive?

Percentage (_____) Dollar Amount (_____)

(_____) (_____) (_____)
First Name MI Last Name

12. Please indicate any additional instructions:

13. Please indicate if you have any ownership in a small business (LLC or Corporation):
 YES NO

If YES, then please insert the name(s) of each entity:

(_____) (_____)

(_____) (_____)

14. Medical Power of Attorney/Health Care Directive:

A medical power of attorney is a document that allows someone else to make medical decisions for an individual if they cannot make them on their own behalf. The appointed health care agent may be any competent person who is at least eighteen (18) years old and not providing paid health care to the individual. This person is usually a trusted family member or friend. The Health Care Directive becomes effective when an individual is unable to communicate their wishes due to any illness or injury.

Full name of the Agent(s) that would act as "Medical Power of Attorney" if the Grantor was NOT able to make MEDICAL decisions on their own behalf:

YOU MUST PICK ONE OF THE FOLLOWING OPTIONS:

- OPTION A:** A single successor Agent (no back-up is named).
- OPTION B:** A single successor Agent with only one named alternate Agent.
- OPTION C:** A single successor Agent, then an alternate and then another back-up (each successor Agent is named and serves in succession).
- OPTION D:** A single successor Agent with two alternate co-Agents if the first cannot act.
- OPTION E:** Two successor co-Agents; if one co-Agent fails, the other continues to act alone (no alternate successor Agent is named).
- OPTION F:** Two successor co-Agents with an alternate co-Agent if either of the initial co-Agent ceases to act.
- OPTION G:** Two successor co-Agents; if either co-Agent fails, the other continues to act alone. If both co-Agents fail, an alternate Trustee is named.
- OPTION H:** Three successor co-Agents acting jointly; if one co-Agent fails, the other two act jointly, if two fail, the survivor acts alone:

PLEASE INDICATE THE OPTION YOU HAVE SELECTED AND THE NAME(S) OF THE SUCCESSOR AGENT(S):

OPTION: _____

NAME(S) OF SUCCESSOR AGENT(S):

(_____)	(_____)	(_____)
First Name	MI	Last Name
(_____)	(_____)	(_____)
First Name	MI	Last Name
(_____)	(_____)	(_____)
First Name	MI	Last Name

15. Durable Power of Attorney:

A durable power of attorney is a document that allows someone else to make legal or financial decisions for an individual if they cannot make them on their own behalf. The appointed agent called the attorney-in-fact may be any competent person who is at least eighteen (18) years old. This person is usually a trusted family member or friend. The durable power of attorney becomes effective when an individual is unable to manage their own legal or financial affairs, as determined in writing by two unrelated physicians.

Full name of the Attorney-in-Fact that would act as "DURABLE Power of Attorney" if the Grantor was NOT able to make LEGAL or FINANCIAL decisions on their own behalf:

YOU MUST PICK ONE OF THE FOLLOWING OPTIONS:

- OPTION A:** A single successor Agent (no back-up is named).
- OPTION B:** A single successor Agent with only one named alternate Agent.
- OPTION C:** A single successor Agent, then an alternate and then another back-up (each successor Agent is named and serves in succession).
- OPTION D:** A single successor Agent with two alternate co-Agents if the first cannot act.
- OPTION E:** Two successor co-Agents; if one co-Agent fails, the other continues to act alone (no alternate successor Agent is named).
- OPTION F:** Two successor co-Agents with an alternate co-Agent if either of the initial co-Agent ceases to act.
- OPTION G:** Two successor co-Agents; if either co-Agent fails, the other continues to act alone. If both co-Agents fail, an alternate Trustee is named.
- OPTION H:** Three successor co-Agents acting jointly; if one co-Agent fails, the other two act jointly, if two fail, the survivor acts alone:

PLEASE INDICATE THE OPTION YOU HAVE SELECTED AND THE NAME(S) OF THE SUCCESSOR AGENT(S):

OPTION: _____

NAME(S) OF SUCCESSOR AGENT(S):

(_____) (_____) (_____)
First Name MI Last Name

(_____) (_____) (_____)
First Name MI Last Name

(_____) (_____) (_____)
First Name MI Last Name

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PLEASE FORWARD YOUR COMPLETED QUESTIONNAIRE TO ONE OF THE FOLLOWING:

MAIL

Settlement Services
P.O. Box 220
Adams, WI 53910

FAX 24/7

888-855-8843

SCAN

agajjt@gmail.com

QUESTIONS?

Please call our 24/7 cellular
hotline with questions at:
608.516.1956

International customers please
allow for our central time zone
response.