

7. Do you have any children together: Yes No

If YES, then please insert each child's name and date of birth:

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

8. Does HUSBAND have any children from a prior relationship: Yes No

If YES, then please insert each child's name and date of birth:

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

9. Does WIFE have any children from a prior relationship: Yes No

If YES, then please insert each child's name and date of birth:

_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth
_____	_____	_____	____/____/____
First Name	Middle Initial	Last Name	Date of Birth

10. Trustee(s) - Who will be appointed as the Trustee(s) while you're alive AND after death:

REVOCABLE TRUST and RESTATED AMENDMENT: In a Revocable Trust (and a Restated Amendment), you will appoint yourselves as the initial Trustees; however, you will need to name successor Trustee(s) below. The Successor Trustee(s) will be responsible for managing the Trust and distributing the Trust assets after your death.

SAFEGUARD TRUST: In a Safeguard Trust, you are required to select someone else to act as the initial Trustee(s) while you're alive. The Trustee has important duties and powers and should be someone that you trusts implicitly. The Trustee could be a close relative or friend and must be over the age of eighteen. 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 will also be responsible for managing the Trust and distributing the Trust assets after your death.

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 THE TRUSTEE(S):

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

11. Guardian(s) of Minor Children:

It is very important for parents with children that are under the age of eighteen and/or disabled children to name guardians. The individual or couple that is selected cannot serve as legal guardian until approved by the court. The Successor Trustee named above will act as the financial manager and does not have to be court appointed. The Trust also gives you complete control in determining when your children get an outright distribution. It is always a good idea to name alternate guardian(s) 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) OF MINOR CHILDREN:

OPTION: _____

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

_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

12. Distribution of Assets to the Beneficiaries:

Is the distribution going to be equal between the beneficiaries: Yes No

If NO, then please insert the amount or percentage (%) that should be distributed next to each beneficiary.

In a trust, the beneficiaries are the people and/or organizations to which the assets are left. Most people have a pretty good idea of who their direct beneficiaries will be. Beneficiaries may be children, grandchildren, other family members, friends, charities, organizations, etc.

_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	_____	_____	_____
First Name	Middle Initial	Last Name	Amount or Percentage
_____	Charity or Organization		Amount or Percentage
_____	Charity or Organization		Amount or Percentage

13. Please indicate the age or ages when you want the beneficiaries to receive their inheritance in full. Prior to reaching the age or ages indicated below, the Trustee(s) will manage the money for the beneficiaries, 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 _____

14. 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 _____

15. Does any beneficiary have special needs: Yes No

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

First Name	Middle Initial	Last Name	Amount or Percentage
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16. Do you want to disinherit a child: Yes No

If YES, then please insert the child's name:

First Name	Middle Initial	Last Name
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17. Please indicate any additional instructions:

18. Do you have any ownership in a small business (LLC or Corporation): Yes No

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

19. Durable Power of Attorney:

A durable power of attorney is a document that allows someone else to make legal or financial decisions for you if you cannot make them for yourself. The appointed agent called the "attorney-in-fact" may be any competent person who is over the age of eighteen. This person is usually your spouse then a trusted family member or friend as the alternate. The durable power of attorney becomes effective when you are unable to manage your own legal or financial affairs, as determined in writing by two unrelated physicians.

HUSBAND'S DURABLE POWER OF ATTORNEY: **YOUR WIFE IS THE PRIMARY AGENT.**

Please name the alternate agent(s) that would act as "Durable Power of Attorney" if your wife was not there to make LEGAL or FINANCIAL decisions:

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	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

WIFE'S DURABLE POWER OF ATTORNEY: **YOUR HUSBAND IS THE PRIMARY AGENT.**

Please name the alternate agent(s) that would act as "Durable Power of Attorney" if your husband was not there to make LEGAL or FINANCIAL decisions:

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	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

20. Medical Power of Attorney/Health Care Directive:

A medical power of attorney is a document that allows someone else to make medical decisions for you if you cannot make them yourself. The appointed health care agent may be any competent person who is over the age of eighteen and not providing paid health care to you. This person is usually the spouse then a trusted family member or friend as the alternate. The Health Care Directive becomes effective when you are unable to communicate your wishes due to any illness or injury.

HUSBAND'S MEDICAL POWER OF ATTORNEY: **YOUR WIFE IS THE PRIMARY AGENT.**

Please name the alternate agent(s) that would act as "Medical Power of Attorney" if your wife was not there to make MEDICAL decisions:

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	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

WIFE'S MEDICAL POWER OF ATTORNEY: **YOUR HUSBAND IS THE PRIMARY AGENT.**

Please name the alternate agent(s) that would act as "Medical Power of Attorney" if your husband was not there to make MEDICAL decisions:

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	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name
_____	_____	_____
First Name	Middle Initial	Last Name

Date: ____ / ____ / _____

We have shared information with our representative regarding estate planning matters. We request your services, as evidenced by our signatures at the bottom of this questionnaire to draft the appropriate documents. Please contact us to implement our estate plan.

We understand the importance of funding our estate plan, and we bear full responsibility to transfer any assets we desire into our estate planning documents.

We understand that there are separate fees for the preparing and filing of deeds to transfer real property.

We are aware Medicaid requires assets placed in a Safeguard Trust to be in the Trust for a period of 60 months from the date the asset was transferred before it is considered non-countable.

We understand that all information and material provided to us by Settlement Services or its representatives is provided with the understanding that neither Settlement Services nor its representatives are engaged in rendering legal or accounting services. We further understand and agree that any questions we have relevant to our specific tax, legal, accounting needs, shall be addressed to practicing member of those professions.

We have enclosed a check for \$_____ to cover the cost of your services.

Sincerely,

Husband Signature

Wife Signature

REQUIRED FEDERAL CANCELLATION NOTICE

We understand that we may cancel our licensing agreement, without any penalty or obligation, within three (3) business days from the below date. We understand that if we cancel, any fees paid by us will be returned within ten (10) business days following receipt at the Settlement Services Home Office of our cancellation notice. We understand that if we cancel our licensing agreement we will return to Settlement Services any documents or other materials provided by Settlement Services. We understand that at our discretion, these materials will be picked up by a Settlement Services representative at our residence, or shipped, according to Settlement Services's directions, to the Settlement Services Home Office at Settlement Services' expense. If We do not receive instructions from Settlement Services regarding the return of materials within twenty (20) days of our notice of cancellation, we may retain or dispose of the material without any further obligations. We understand that if we fail to return the materials either to the Settlement Services Representative or the Settlement Services Home Office, we will remain liable for damages pursuant to the Uniform Commercial Code and any other damages that may be provided by law.

We understand that to cancel our agreement, we will mail or deliver a signed and dated copy of this cancellation notice or any other written notice to Settlement Services at P.O. Box 220, Adams, WI, 53910, not later than midnight three business days from ____ / ____ / ____.

TO CANCEL YOUR LICENSING AGREEMENT, SIGN AND DATE BELOW:

Date: ____ / ____ / ____

Husband Cancellation Signature

Wife Cancellation Signature

Please forward your completed Estate Planning Questionnaire to one of the following:

1. Mail

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

2. Fax (24/7)

888-855-8843

3. Scan and Email

agapjt@gmail.com

QUESTIONS?

Please call our cellular hotline 24/7 at 608.516.1956 (international customer please allow for our central time zone response).