A Road Map

What's your greatest hope for the future? Is it peace for your family? Do you hope to provide for your loved ones? Do you want to protect what you've worked so hard to earn? A well-thought out estate plan is vital to meet each of these goals. That's why we created this document. This is intended to be a road map for you to follow; a path that will lead you step by step to peace, provision, and protection for your loved ones and your estate. Please take the time to fill this out to the best of your ability. Your answers will influence the decisions we and the rest of your estate planning team make, and the better informed we are, the better we can help you. Use the buttons below to easily navigate this document.





You and Your Family

Please tell us about you and your family. If filling out by hand, print names in ink. Spell names exactly as you want them to appear in your estate documents. Use full legal names, not nicknames.

| YOUR PERSONAL INFORMATION | | | |
|---|--|--|--|
| Data | | | |
| Date | | | |
| Your Full Legal Name | | | |
| Date of Birth Gender Male Female | | | |
| Present Marital Status | | | |
| Married Single Divorced Legally Separated Widowed | | | |
| If you are widowed, what date did this occur? | | | |
| Home Address | | | |
| City State Zip | | | |
| Primary Phone Email | | | |
| Employer | | | |
| Job Title Work Phone | | | |
| Are you a U.S. Citizen or Lawful Permanent Resident? No Born in the U.S. Naturalized LPR | | | |
| Check which documents you presently have: Will Living Will Living Trust Durable Power of Attorney/Healthcare Durable Power of Attorney/Finances | | | |

YOUR SPOUSE'S INFORMATION Spouse's Full Legal Name _____ Date of Birth _____ Gender Male Female Was your spouse previously married? Yes If widowed, what date did this occur? _____ Primary Phone _____ Email _____ Employer _____ Job Title ______ Work Phone _____ Is your spouse a U.S. Citizen or Lawful Permanent Resident? No Born in the U.S. Naturalized 1 PR Check which documents your spouse presently has: | Will | Living Will | Living Trust | Durable Power of Attorney/Healthcare Durable Power of Attorney/Finances Do you or your spouse have Prenuptial agreement that identifies and disposes of separate spousal property? (If yes, attach a copy) Yes YOUR ESTATE PLANNING FAMILY BACKGROUND 1. LIFETIME GIFTS. You may have made gifts to children or other heirs. If so, list them below: 2. TRUSTEE, GUARDIAN OR EXECUTOR. Are you currently serving? Yes No

3. INHERITANCE. Is it likely that you may receive an inheritance? Yes No

4. SAFE DEPOSIT BOX. List the bank, city, state, and who has the key.

| RELIGIOUS AFFILIATION | | | |
|--|---------------------------------|--|--|
| | | | |
| Religious Organization | | | |
| City St | tate | | |
| Please list all children, whether minors or adults, including deceased children and children of a prior marriage. If you have more than five children, please attach additional pages as needed. If you wish to exclude a child as a beneficiary of your estate, check the "Exclude" box. If you have no children, write "NONE." | | | |
| YOUR CHILDREN'S INFORMATIO |)N | | |
| 1. Full Legal Name | | | |
| - | | | |
| Marital Status | | | |
| ☐ Married ☐ Single ☐ Needs Special Care ☐ Dependent ☐ Exclude | | | |
| Home Address | | and the state of t | |
| City | State | Zip | |
| Origin Child of Present Marriage | Child of a Prior Marriage or Re | lationship Deceased | |
| 2. Full Legal Name | | | |
| Date of Birth | Social Security # _ | | |
| Marital Status | | | |
| Married Single Ne | eds Special Care Dependent | Exclude | |
| Home Address | | | |
| City | State | Zip | |
| Origin | | | |

Child of Present Marriage

Deceased

Child of a Prior Marriage or Relationship

| 3. Full Legal Name | | |
|-----------------------------------|----------------------------------|-------------------------------|
| Date of Birth | Social Security # _ | |
| Marital Status | | |
| ☐ Married ☐ Single ☐ Ne | eds Special Care Dependent | Exclude |
| Home Address | | |
| City | State | Zip |
| Origin Child of Present Marriage | Child of a Prior Marriage or Rel | ationship Deceased |
| 4. Full Legal Name | | |
| Date of Birth | Social Security # _ | |
| Marital Status | | |
| ☐Married ☐Single ☐Ne | eds Special Care Dependent | Exclude |
| Home Address | | The second name of the second |
| City | State | Zip |
| Origin Child of Present Marriage | Child of a Prior Marriage or Rel | ationship Deceased |
| 5. Full Legal Name | | |
| Date of Birth | Social Security # _ | |
| Marital Status | | |
| ☐ Married ☐ Single ☐ Ne | eds Special Care Dependent | Exclude |
| Home Address | | |
| City | State | Zip |
| Origin Child of Present Marriage | Child of a Prior Marriage or Rel | ationship Deceased |

You and Your Contacts

YOUR EXECUTOR

Your executor is the manager of your estate. Because he or she will make many decisions about the management and distribution of your estate, you should select a trusted person or corporate fiduciary, such as a bank, who understands your circumstances. An executor will usually complete eight separate steps to ensure an orderly transfer of all of your property to the right individuals.

- 1. Submit your will to the probate court
- 2. Locate your heirs
- 3. Determine your estate assets and values
- 4. Pay bills and the estate attorney

- 5. Make debt payments
- 6. Resolve any estate controversies
- 7. File your income and estate tax returns
- 8. Distribute your assets to heirs

Please name your Executor

| Executor | | | |
|-------------------------------|-----------------|-----------|--|
| Address | | 4000 9000 | |
| City | _ State | Zip | |
| Primary Phone | Email | | |
| Relationship, if not a spouse | | | |
| | | | |
| Please name your Alternate | e Executor | | |
| Executor | | | |
| Address | | | |
| City | State | Zip | |
| Primary Phone | Email | | |
| Relationship, if not a spouse | e SANDEAN, CANA | | |

Please name your Guardian Guardian _____ Address _____ City ______ State _____ Zip ____ Primary Phone ______ Email _____ Relationship, if not a spouse _____ Please name your Alternate Guardian Guardian _____ Address _____ City _____ State ____ Zip ____ Primary Phone _____ Email ____ Relationship, if not a spouse ______ POWER OF ATTORNEY FOR FINANCES Do you want to create a durable power of attorney for finances? Yes No Please name your Power of Attorney for Finances Primary Name _____ Address _____ City _____ State ____ Zip ____ Primary Phone _____ Email _____ Relationship _____ Please name your Alternate Power of Attorney for Finances Primary Name _____ Address ____ City _____ State ____ Zip Primary Phone _____ Email ____



Relationship, if not a spouse _____

YOUR GUARDIAN FOR MINOR CHILDREN

YOUR HEALTHCARE REPRESENTATIVE

Please name your Power of Attorney for Healthcare

There are two primary documents that will provide for your future healthcare decisions.

A durable power of attorney for healthcare empowers another person you select to make key decisions about your care. These could include whether an operation should be done or other major healthcare decisions should be made.

A second document is a living will. If you are in your final weeks or days in life, then decisions must be made with respect to nutrition, hydration, resuscitation and other critical care.

A durable power of attorney for healthcare is important to ensure that the right person has been selected. It is called "durable" power because it is effective even if you are ill and not capable of making your own decisions.

In some states the living will and durable power of attorney are combined in an "Advance Directive" document.

Please select your primary and secondary healthcare decision makers on the next page.

| Healthcare Power of Attorney _ | The second second second | |
|--------------------------------|--------------------------------|--|
| Address | | A Secretaria de la composição de la comp |
| City | State | Zip |
| Primary Phone | Email | |
| Relationship, if not a spouse | | |
| Please name your Alternate Pow | ver of Attorney for Healthcare | AN ANY AND AND AND ANY AND |
| Healthcare Power of Attorney _ | | |
| Address | | |
| City | State | Zip |
| Primary Phone | Email | |
| Relationship, if not a spouse | | |

Estate Finances

Please list all of your assets and liabilities. This will help your advisor plan your estate. Most people at the end of this exercise realize that they are worth more than they think!

| ASSET | \$ TOTAL VALUE OF ASSET | CHECK IF JOINT PROPERTY | CHECK IF YOUR PROPERTY | CHECK IF Your spouse's Property |
|---|----------------------------|----------------------------|---------------------------|---------------------------------------|
| Example Property | \$298,000 | | X | |
| REAL ESTATE | | | | |
| Main Residence Address | | | | |
| Second Residence Address | | | | |
| Vacation Home | | | | |
| | | | | |
| | | | | |
| CHECKING ACCOUNTS | | | | |
| Bank Account Number | | Beckle X | | |
| | | | | |
| | | | White is | |
| SAVINGS ACCOUNTS/CDS | /MONEY MARKET F | UNDS/CREDIT UNIO | N ACCOUNTS | |
| Bank Account Number | | | | |
| | | | 1232 | |
| | | | | |
| Tax Sheltered Annuity - not in retirement plan | | | | |

| ASSET | \$ TOTAL VALUE OF ASSET | CHECK IF JOINT PROPERTY | CHECK IF YOUR PROPERTY | CHECK IF YOUR SPOUSE'S PROPERTY |
|---|----------------------------|----------------------------|---------------------------|---------------------------------------|
| INVESTMENTS | | | | |
| Bonds or Bond Fund Custodian, Account Number | | | | |
| Stocks or Stock Fund Custodian, Account Number | | | | |
| Savings Bonds | | | | |
| PERSONAL PROPERTY | | | | |
| Furniture/Household Furnishings | | | A distribution | |
| Tools & Equipment | | | - 100000 | |
| Antiques/Collections | | 2 | silve of | |
| Jewelry | EE TO SE | | | |
| Automobiles/Vehicles | | | | |
| Business Interests | | | 《告书表》 | |
| Life Insurance - Face Amount/Death Benefit | | | | |
| Retirement (IRA/401(k)/403(b)) Custodian, Account Number | | | | |
| Other Retirement Plan | | | 15 1/13 | |
| Miscellaneous | A P | | | |
| Total Assets: \$ | | MIGNER | | |

ELECTRONIC ASSETS PLAN

With websites, email, social media, online accounts, and smartphones, we are surrounded by media. When you pass away, you may have 30 - 80 online accounts with passwords. Therefore, you should create an electronic estate plan.

- 1. Write a list of your eAssets and how to access them. You have four major types of electronic assets. These are personal, financial, business and social media. List your login name and password for all accounts. Feel free to use the chart below. Because passwords change, regular updates are important.
- 2. Store and protect your information. Security is essential. Do not include your list in your will. Save the list on paper or a memory drive in your home safe or other secure location. One option is to use an iPhone®* password program and the Apple iCloud system to share passwords between an iPhone^{®*} and an iPad^{®*}.
- 3. Select your eAssets plan executor. You will need an electronic executor who has access to your electronic accounts. He or she should have passwords and authorization in the estate plan.
- 4. Write eAssets plan directions. Finally, write a letter to your executor with suggested actions to manage your electronic assets.

| ACCOUNT | USER ID | PASSWORD |
|-----------|---------|---------------|
| | | |
| Nas. E.S. | | |
| | | |
| | | |
| W. Jan | | 为外,这个人 |
| | | |
| | | |
| | | |

*iPhone and iPad are registered trademarks of Apple, Inc.

Congratulations for reaching the end of the road map! The effort you put into this form will ensure peace, provision, and protection of your estate, and it will help all of us make important decisions.

By getting this far, you've progressed through nearly the entire route of planning for the future and providing for your heirs. This road map helped you navigate the path of finances, taxes, property, and other material goods... but there's one more very important step along the way that we urge you to take.

Please spend a moment writing a letter to each of your loved ones. Use this letter to tell your family members about the things that matter beyond the estate plan: your feelings, your values, and your beliefs. With this letter, you have the opportunity to deliver a final message to those you love the most - a conversation about the things that really matter. You can tell them what they mean to you and why it's important for you to consider their future. Share some of your favorite memories of them. Explain some of the life experiences that shaped you. When you're finished, keep these letters in your safe deposit box.

We believe taking this last step on the road map will be what truly delivers peace, provision, and protection.



