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Confidential Estate Planning Questionnaire

Completion of this Questionnaire before your initial conference will serve as a starting point for discussion and will assist us in expediting the estate planning process. We will rely upon this information in making legal recommendations. Therefore, please complete this Questionnaire as accurately as possible. *(Disclaimer: This is not a legal document nor will its contents constitute a legally binding Will. The final version of your estate planning documents may vary significantly from the input provided in this Questionnaire depending on the discussions at your conference.)*

Name of Client

Name of Spouse

Date

General Information

Spouse

Client

Personal Information	Client	Spouse
Legal Name (First, Middle, Last)		
Preferred First Name		
Primary Residence Address		
County of Primary Residence		
Home Telephone		
Home Fax		
Cell/Mobile Phone		
Home E-Mail Address		
Social Security Number		
Birth Date		
Date of Marriage to Current Spouse		
Citizenship	<input type="checkbox"/> USA <input type="checkbox"/> Other	<input type="checkbox"/> USA <input type="checkbox"/> Other
Employer Information		
Employer/Business Name		
Business Address		
Business Telephone		
Business Fax		
Business E-Mail Address		
Position		
Preferred communication (e.g. home phone, work phone or e-mail)		

Referred to us by: _____

Descendant Information

Please list children in order of birth, including adopted children.

Child 1: _____

First, Middle, Last Name of Child	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Male or Female	<input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife Whose Child?
Name of Child's Spouse: _____			
Names of Child's Children (Your Grandchildren):			
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age

Child 2: _____

First, Middle, Last Name of Child	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Male or Female	<input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife Whose Child?
Name of Child's Spouse: _____			
Names of Child's Children (Your Grandchildren):			
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age

Child 3: _____

First, Middle, Last Name of Child	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female Male or Female	<input type="checkbox"/> Both <input type="checkbox"/> Husband <input type="checkbox"/> Wife Whose Child?
Name of Child's Spouse: _____			
Names of Child's Children (Your Grandchildren):			
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age
First, Middle, Last Name of Grandchild			Birthdate or Age

Descendant Information (continued)

Child 4: _____

First, Middle, Last Name of Child _____ Preferred First Name _____ Male or Female Male Female _____ Birthdate or Age _____ Whose Child? Both Husband Wife _____

Name of Child's Spouse: _____

Names of Child's Children (Your Grandchildren):

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

Child 5: _____

First, Middle, Last Name of Child _____ Preferred First Name _____ Male or Female Male Female _____ Birthdate or Age _____ Whose Child? Both Husband Wife _____

Name of Child's Spouse: _____

Names of Child's Children (Your Grandchildren):

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

_____ First, Middle, Last Name of Grandchild _____ City and State of Residence _____ Birthdate or Age _____

Do you have great-grandchildren? Yes No

_____ Name of Great-Grandchild _____ Name of Great-Grandchild's Parent _____

_____ Name of Great-Grandchild _____ Name of Great-Grandchild's Parent _____

_____ Name of Great-Grandchild _____ Name of Great-Grandchild's Parent _____

_____ Name of Great-Grandchild _____ Name of Great-Grandchild's Parent _____

Information Regarding Prior Marriages

Spouse

Client

Previous Marriages? If "no", skip this page.

Yes No

If "yes", how many previous marriages?

Please provide the following information in chronological order of marriages.

1. Name of Former Spouse:

Year marriage ended:

Marriage ended by:

If by divorce, is former spouse still living?

Are there children of this marriage?

Do you have a continuing obligation under a settlement agreement or divorce decree? If so, please check the appropriate box and if necessary, explain below.

<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Death
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Death

2. Name of Former Spouse:

Year marriage ended:

Marriage ended by:

If by divorce, is former spouse still living?

Are there children of this marriage?

Do you have a continuing obligation under a settlement agreement or divorce decree? If so, please check the appropriate box and if necessary, explain below.

<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Death
<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Alimony	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Death

Additional Explanation:

Beneficiaries Other Than Spouse and Descendants

SPECIFIC BEQUESTS

List any individuals other than your spouse and descendants to whom you would like to make specific bequests of cash or cash equivalents in your Will:

Full Legal Name	Relationship	City and State of Residence	Dollar Amount
			\$
			\$
			\$
			\$
			\$
			\$

CHARITABLE BEQUESTS

List any charities to which you would like to make specific bequests of cash or cash equivalents in your Will:

Full Legal Name of Charity	Location (City and State)	Dollar Amount
		\$
		\$
		\$

SUPPORT

Do you have anyone in your family or otherwise (other than your spouse or descendants) for whom you are currently providing support or would like to provide after your death (e.g., your parents, siblings, nieces or nephews)? If so, complete the following.

Full Legal Name	Relationship	City and State of Residence	Indicate Type of Support

Beneficiaries Other Than Spouse and Descendants (continued)

CATCH-ALL

Please indicate below the manner in which you would like to have your estate distributed if you and all of your descendants were deceased. **Please keep in mind that this may be a fairly remote contingency and not likely to occur. Each spouse should check only one of the following choices.**

	Client	Spouse	
50% to heirs-at-law* of husband and 50% to heirs-at-law* of wife	<input type="checkbox"/>	<input type="checkbox"/>	*"Heirs-at-law" means those persons who would receive your property according to state law if you die without a valid Will. For example, in Georgia, if you, your spouse, and all of your descendants are deceased, your "heirs-at-law" would be the following people: First, your parents; then Second, your siblings and descendants of deceased descendants; then Third, your grandparents; and then Fourth, your aunts and uncles.
100% to heirs-at-law* of husband	<input type="checkbox"/>	<input type="checkbox"/>	
100% to heirs-at-law* of wife	<input type="checkbox"/>	<input type="checkbox"/>	
50% to the husband's siblings and 50% to the wife's siblings	<input type="checkbox"/>	<input type="checkbox"/>	
Equally to all siblings of both husband and wife	<input type="checkbox"/>	<input type="checkbox"/>	
50% to the descendants of the husband's siblings and 50% to the descendants of the wife's siblings	<input type="checkbox"/>	<input type="checkbox"/>	
100% to the descendants of the husband's siblings	<input type="checkbox"/>	<input type="checkbox"/>	
100% to the descendants of the wife's siblings	<input type="checkbox"/>	<input type="checkbox"/>	
Other. (Please complete the section below.)	<input type="checkbox"/>	<input type="checkbox"/>	

Full Legal Name of Individual/Charity	Relationship	City and State of Residence or Location	Percent of Estate
CLIENT:			%
			%
			%
SPOUSE:			%
			%
			%

Fiduciary Information

You must decide on at least one and preferably two successors to each of these fiduciary positions, in case your first nominee cannot act. You may nominate two or more fiduciaries to serve together—for example, you may wish to nominate your spouse, if any, or some or all of your children, to act as co-executors or co-trustees. For a complete explanation of the duties of each position and recommendations as to whom should be appointed, see the attached Glossary of Fiduciary Positions.

Client	Spouse
<p>EXECUTOR: The person/entity who will take charge of your estate, pay the debts and expenses of your estate and administer and distribute your property as directed in your Will.</p>	
<p>Initial Executor(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence</p>	
<p>First Successor Executor(s):</p>	
<p>Second Successor Executor(s):</p>	
<p>TRUSTEE: The person/entity who will administer and distribute the property held in trust for your beneficiaries. This position may last for many years.</p>	
<p>Initial Trustee(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence</p>	
<p>First Successor Trustee(s):</p>	
<p>Second Successor Trustee(s):</p>	

Fiduciary Information (continued)

Spouse

Client

GUARDIAN: The person you nominate to care for your children if something happens to you while they are minors.

Initial Guardian(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence

First Successor Guardians:

Second Successor Guardian(s):

TRUST PROTECTOR: An independent person who will hold certain powers over a trust which the Trustee cannot hold.

Initial Protector(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence

First Successor Protector(s):

Second Successor Protector(s):

Fiduciary Information (continued)

Spouse

Client

DURABLE FINANCIAL POWER OF ATTORNEY: Designates the person to whom you give legal authority to act on your behalf in managing your assets during your lifetime if you are unable to do so.	
Initial Agent(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence	
First Successor Agent(s):	
Second Successor Agent(s):	
DURABLE HEALTHCARE POWER OF ATTORNEY: Designates the person to whom you give legal authority to make medical decisions on your behalf if you are unable to do so.	
Initial Agent(s): Indicate Full Legal Name, Preferred Name, Relationship, City and State of Residence	
First Successor Agent(s):	
Second Successor Agent(s):	

Personal Advisors

Accountant

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Financial Planner

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Life Insurance Agent

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Investment/Stockbroker Advisor

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Personal Banker

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Other

Name:

Company:

Address:

Phone Number:

Fax Number:

E-Mail Address:

Miscellaneous Information

Spouse

Client

<p>While married to your current spouse, have you ever lived in: Alaska, Arizona, California, Idaho, Louisiana, Nevada, Texas, Washington or Wisconsin? <i>(If yes, please provide a copy of any Community Property Agreements.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Do you and your spouse have a premarital agreement?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Is it important to you that the terms of your estate planning documents remain private after your death? <i>(If so, we will discuss with you whether a Revocable Trust is necessary.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you established a Trust which is now in existence? If yes, list names of the Trusts and dates established: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you now the Trustee of any Trust? If so, please list names of Trusts: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you currently have a power of appointment over any existing Trusts (e.g. the right to direct the disposition of the trust)? <i>(If yes, please provide a copy of the Trust.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you a beneficiary of a Trust established by another? <i>(If yes, please provide a copy of the Trust.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you made prior taxable gifts? (e.g. gifts in excess of \$10,000 per year per person?)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, have you previously filed gift tax returns? <i>(If so, please provide copies of all prior gift tax returns filed.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Miscellaneous Information (continued)

	Client		Spouse	
Do any of your children/grandchildren have special educational, medical or financial needs? (If yes, please explain below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to disinherit descendants born out of wedlock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to disinherit a specific individual? If so, please name. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect to receive a significant inheritance or substantial lifetime gifts from one or more persons? (If yes, please explain below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your minor children have significant assets in their own name? (If so, please explain and list all custodial accounts below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you expect your children to receive a significant inheritance from someone other than yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you involved in any lawsuits, or has anyone threatened a lawsuit against you, or are you aware of any claims that may be made against you in the future? If yes, please be prepared to explain at the conference.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish Cohen Pollock Merlin & Small to retain the originals of your estate planning documents for an additional annual charge? Alternatively, you can retain your original documents in your safe deposit box or other safe location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish for your body to be cremated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to be an organ donor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

Asset Schedule

Ownership Codes: H = Husband JS = Joint with Spouse
 W = Wife JNS = Joint with Non-Spouse

REAL ESTATE

Indicate complete addresses (including County, City and State)	Value	Mortgage Amount	Ownership (check one)			
			H	W	JS	JNS
<input type="checkbox"/> Residence <input type="checkbox"/> Investment	\$	\$				
<input type="checkbox"/> Residence <input type="checkbox"/> Investment	\$	\$				
<input type="checkbox"/> Residence <input type="checkbox"/> Investment	\$	\$				
<input type="checkbox"/> Residence <input type="checkbox"/> Investment	\$	\$				
<input type="checkbox"/> Residence <input type="checkbox"/> Investment	\$	\$				

STOCKS, BONDS AND MUTUAL FUNDS

Indicate Type/Name of Asset and Brokerage Firm (if any)	Value	Pledged or Encumbered?	Ownership (check one)			
			H	W	JS	JNS
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Asset Schedule (continued)

Ownership Codes: H = Husband JS = Joint with Spouse
 W = Wife JNS = Joint with Non-Spouse

BANK ACCOUNTS/CERTIFICATES OF DEPOSIT/MONEY MARKET ACCOUNTS/CASH

Institution/Type of Account	Account Balance	Ownership (check one)			
		H	W	JS	JNS
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

AUTOMOBILES, PERSONAL PROPERTY OF SIGNIFICANT VALUE AND MISCELLANEOUS

Indicate Type of Asset	Fair Market Value	Amount of Outstanding Loan	Ownership (check one)		
			H	W	JNS

Asset Schedule (continued)

LIFE INSURANCE

Codes:

P = Individual, cash value permanent insurance
 G = Employer - sponsored group term insurance
 T = Term insurance

	POLICY 1	POLICY 2	POLICY 3	POLICY 4
Name of Insured				
Name of Company				
Type of Policy (see codes above)	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> T	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> T
Policy Number				
Face Amount				
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Trust	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Trust	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Trust	<input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Trust
Primary Beneficiary				
Second Beneficiary				
Current Cash Value				
Outstanding Loan				
Annual Premium				
Is this policy subject to a split dollar agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been rated or would you now be rated as sub-standard for life insurance purposes? Yes No

RETIREMENT PLANS AND IRAS

Codes: I = IRAs P = Profit Sharing Plans D = Deferred Compensation Plans
 R = Retirement Plans (e.g. 401k, 403b, 457 Plan and Keogh Plans)

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Name of Institution				
Type of Plan (see codes above)	<input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> R	<input type="checkbox"/> I <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> R
Owner	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Client <input type="checkbox"/> Spouse
Value				
Primary Beneficiary				
Secondary Beneficiary				
Outstanding Loans				

Asset Schedule (continued)

BUSINESS INTERESTS

Do you own an interest in a closely-held business?
(If yes, complete the following.)

Client: Yes No

Spouse: Yes No

Nature of Business

Name of Business

Complete Mailing Address of Business

Fair Market Value
\$

Determined By

Client's Estimate Book Value Other Method _____

Form of Business

Sole Proprietorship Limited Liability Company (LLC) Partnership Corporation Sub-Chapter S Corporation Professional Corporation Other: _____

Buy-Sell Agreement?

Yes No

Funded with Insurance?

Yes No

Amount of Insurance

\$

At Death Business Is To Be

Continued By Heirs Sold To Surviving Owners Sold To Key Person Liquidated Other: _____

Names of Owners

of Shares/Ownership Units

Percent Owned

Relationship to You

Liabilities

List all liabilities not otherwise reflected on Asset Schedule (e.g., Education Loans, Personal Loans, Promissory Notes, Credit Cards):

Liability

Approximate Outstanding Balance

List all contingent liabilities of which you or your spouse is Guarantor:

Liability

Approximate Outstanding Balance

Document List

Please bring to the initial estate planning conference copies of any of the following documents you may have:

- Existing Wills and Revocable Trusts
- Existing health care and financial powers of attorney
- Any irrevocable trusts of which you are the grantor or a beneficiary
- Deeds to your home and any other real estate interests
- Shareholder, Partnership or LLC Operating Agreements
- Divorce Decrees/Settlement Agreements
- Premarital, Postnuptial or Community Property Agreements
- Recent statements for brokerage/money market/cash accounts
- Copies of any certificated securities

Please start gathering the following documents which may be needed during the estate planning process:

- Prior gift tax returns
- Insurance Policies Annual Statements or Summaries, change of beneficiary forms for life insurance policies, and change of owner forms for life insurance policies
- Summary Plan Description for Qualified Plan
- Information on Payable on Death (POD) or Transfer on Death (TOD) designations on bank accounts or securities
- Beneficiary designations for IRAs and 401k's
- Annuity Contracts
- Employment or Consulting Agreements
- Stock option plan documents
- Asset/Stock Sale or Purchase Agreements
- Promissory Notes of which you are holder or the maker

EXECUTOR: After your death, your executor (in some states, called a "personal representative") has several major responsibilities including:

- (i) gathering, managing and accounting for all of the assets of your estate;
- (ii) administering and distributing your estate according to the terms of your Will;
- (iii) paying your creditors and other expenses of your estate;
- (iv) making certain tax decisions; and
- (v) filing necessary tax returns and paying federal and state taxes.

The executor stops serving when all of the obligations of your estate have been paid, the property of your estate has been completely distributed to the beneficiaries, and all administrative matters of your estate have been closed. The typical duration of service as an executor is between 1 1/2 and 2 years (although this period can be much longer for more complex estates). You may choose any combination of individuals and/or a corporate executor, such as a bank, to serve as executors. When choosing your executor, select someone you can trust to carry out your wishes. Make sure he or she is willing to accept the responsibility and has the financial acumen necessary to manage the assets of your estate. Clients typically select qualified family members, such as a spouse, children, parents or siblings to serve as executor. With more complex estates, sometimes clients will select a corporate fiduciary to serve either alone or with a family member.

TRUSTEE: Instead of giving property outright to your beneficiaries, you may choose to give it to a trustee, in trust, for the benefit of your beneficiaries. The trustee will manage and safeguard the money in the trust, and make distributions for the beneficiary's support, health, education and best interests at the trustee's discretion. Because trusts often continue well into a beneficiary's adulthood, the person you name as trustee may well serve for many years. You may choose any combination of individuals and/or a corporate trustee, such as a bank, to serve as trustees. When choosing a trustee, select someone you can trust to carry out the terms of the trust according to your wishes. Make sure he or she is willing to accept the responsibility and has the financial acumen necessary to manage the assets of the trust. Clients typically select qualified family members, such as a spouse, children, parents or siblings to serve as trustee. For trusts with more substantial or diversified assets, sometimes clients will select a corporate fiduciary to serve either alone or with a family member.

TRUST PROTECTOR: A trust protector is an individual who is independent of the executors, trustees and any beneficiary under your trust. The trust protector holds specific powers over a trust that cannot be held by the trustee, such as the right to terminate a trust for any reason, the right to amend a trust, the right to remove and replace trustees, and certain powers related to tax planning. You should choose an individual who is not a beneficiary or trustee under your Will and who is independent from your immediate family, such as a close friend of the family, a more-distant relative, or a professional advisor such as a lawyer, accountant, or other professional.

GUARDIAN: The guardian is the person you nominate to personally care for your children if you and your spouse should die while they are minors. You should select individuals who share your values and approaches with regard to raising children and are willing to accept the responsibility. You may name either a married couple or individuals. When naming a married couple, consider whether you want them to serve only if they are married at the time of your death, or whether you want one of them to serve if they are not then married.

AGENT UNDER DURABLE FINANCIAL POWER OF ATTORNEY: While you are living, you have the right to decide what happens to your property as long as you are of sound mind. If you become incapacitated, a court may revoke your right to manage your own property and appoint a guardian or conservator to act on your behalf. To avoid court interference and protect you from this, you should appoint an agent who can act on your behalf under a durable power of attorney. A durable power of attorney can take effect now or can take effect only when you become incapacitated. If the power of attorney takes effect only when you become incapacitated, it is called a "springing" power of attorney. There are pros and cons to each arrangement which you should discuss with your attorney. Select someone who is financially capable and who you trust to handle your financial affairs. Typically this appointment follows the Trustee appointment.

AGENT UNDER HEALTH CARE POWER OF ATTORNEY: You have the right to control decisions about your medical care. To make these decisions, you must be competent and able to communicate. If you are not competent or able to communicate, someone else must make these decisions for you. A health care power of attorney is the best assurance that your medical care will be handled the way you want if you become unable to make these decisions. It permits you to choose who will make medical decisions for you if you cannot make them. Choose your health care agent carefully. He or she will have the right to make life and death decisions on your behalf. Make sure you choose agents who understand your wishes regarding your health care and who you can trust to carry them out.