

**CONFIDENTIAL**

**Estate Planning  
Information Booklet**

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## CLIENT INFORMATION

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name (as I should appear on "Legal" Documents), Please PRINT:

\_\_\_\_\_

<b>BACKGROUND INFORMATION</b>	
<b>Date and Place of Birth</b>	
<b>Social Security No.</b>	
<b>State of Health</b>	
<b>Business Phone</b>	
<b>Cell Phone(s)</b>	
<b>E-Mail Address</b>	
<b>Occupation</b>	
<b>Employer</b>	
<b>Position/Title</b>	
<b>Citizenship</b>	

## CURRENT ADVISORS

<b>Accountant Name</b> <b>Firm/Address</b> <b>Phone/EMail</b>	
<b>Bank Contact</b> <b>Name/Bank</b> <b>Address/Phone/EMail</b>	
<b>Life Insurance Agent</b> <b>Firm/Address</b> <b>Phone/EMail</b>	
<b>Investment Advisor, Financial Planner or Stockbroker</b> <b>Firm/Address</b> <b>Phone/Email</b>	
<b>Other Contact?</b>	

## YOUR FAMILY MEMBERS

### Children

(Indicate by [P-H] or [P-W] if by previous marriage or by [A] if adopted)

Full Name	Date of Birth	Soc. Sec. No.	Is Child Married?	Is Child Dependent?

### Other Dependents

Full Name	Date of Birth	Soc. Sec. No.	Relationship

**YOUR FAMILY MEMBERS (Continued)**

<b>Grandchildren</b>			
<b>Full Name</b>	<b>Date of Birth</b>	<b>Soc. Sec. No.</b>	<b>Parents?</b>

If any of your dependents, other family members or intended beneficiaries of your estate have special needs (e.g. permanent disability or handicap or chemical dependence), please indicate and describe.

**YOUR FAMILY MEMBERS (Continued)**

<b>PARENTS</b>	
<b>Mother: Name</b>	
<b>Age (if living)</b>	
<b>Health</b>	
<b>Father: Name</b>	
<b>Age (if living)</b>	
<b>Health</b>	

## PRIOR ESTATE PLAN & OTHER DOCUMENTS

Item  <i>(Please CHECK center column if you have these.)</i>	X	Please <b>BRING</b> applicable documents to our first meeting so that we may make copies as appropriate.
Latest Wills & Codicils		May serve as a guide for new agreements and will need to be destroyed when you sign new Wills.
Divorce decrees or separation agreements  (please provide description of resulting obligations)		Multi-family Estate Planning can be complex and these documents will be critical to future planning.
Trust Agreements		Individual Grantor Trusts or Joint Trusts and/or Retirement Trusts  Also, any Trust for which you are a Beneficiary or under which you have a Power of Appointment
Powers of Attorney for Assets		Your prior preferences may be helpful in determining content of your new documents.
Powers of Attorney for Medical Decisions		Your prior preferences may be helpful in determining content of your new documents
Prenuptial or Postnuptial agreements		If these documents exist, their content will be germane in planning the structure of your new documents.
Federal & State Income Tax Returns (most recent)		Very frequently provide information which will guide us in planning your new documents.
Gift Tax Returns		Essential for analyzing the tax consequences of various estate plan structures.

We cannot propose appropriate estate planning structures and documents unless/until we have a *thorough* picture of your current estate. If you have signed previous versions of these documents, they may influence our planning, with you, for new documents.

These documents – and those identified on the last page of this booklet – as applicable, will be required for us to properly assist you in planning the maintenance and distribution of your estate.

With a complete understanding of your estate, we will be able to make recommendations and draft appropriate documents without “do-overs” – and the fees associated with them.

## FIDUCIARIES

**PERSONAL REPRESENTATIVE(S):**

Your Personal Representative is the person (or institution) who will administer your estate after your death. For a married couple, this is usually your spouse but, in a second marriage, you may have reason to elect a son/daughter from a previous marriage or other relative. In some instances, a Bank Trust Department may be chosen. You may name multiple Personal Representatives – your children, or siblings for example. If you do so, you should indicate whether they are to serve together or in a named sequence – one after the other if your first-named representative is unable or unwilling to serve.

<b>PERSONAL REPRESENTATIVE(S)</b>	
First Personal Representative Full Name	
Contact Information Address (Street, City, State, Zip) Phone/Email Information	
Second PR or Alternate #1 Full Name	
Contact Information Address (Street, City, State, Zip) Phone/Email Information	
Third PR or Alternate #2 Full Name	
Contact Information Address (Street, City, State, Zip) Phone/Email Information	



## FIDUCIARIES (Continued)

### **Trustee(s) & Successor Trustee(s)**

A Trustee is the person who will –following the terms and conditions specified in your Trust – administer the assets held in that Trust. A Trustee may also be an institution such as a Bank Trust Department. Typically, you will name yourself as Trustee when you establish a Trust and, if married, your spouse will be your Successor Trustee. You may both be Trustees if a Joint Trust is appropriate. You may name Co-Trustees – to serve together – or additional Successor Trustees – to serve in sequence. Unlike an Agent (see below), a Successor Trustee may not act unless/until the preceding Trustee becomes unable or unwilling to serve. Still, a Successor Trustee should be someone in whom you have upmost confidence with respect to following your wishes.

<p style="text-align: center;"><b>Trustee(s)</b></p> <p style="text-align: center;"><b>Successor Trustee(s)</b></p>	
<p style="text-align: center;"><b>First Successor Trustee</b></p> <p style="text-align: center;"><b>Full Name</b></p>	
<p style="text-align: center;"><b>Contact Information</b></p> <p style="text-align: center;"><b>Address (Street, City, State, Zip)</b></p> <p style="text-align: center;"><b>Phone/Email Information</b></p>	
<p style="text-align: center;"><b>Second Successor Trustee</b></p> <p style="text-align: center;"><b>Full Name</b></p>	
<p style="text-align: center;"><b>Contact Information</b></p> <p style="text-align: center;"><b>Address (Street, City, State, Zip)</b></p> <p style="text-align: center;"><b>Phone/Email Information</b></p>	
<p style="text-align: center;"><b>Third Successor Trustee</b></p> <p style="text-align: center;"><b>Full Name</b></p>	
<p style="text-align: center;"><b>Contact Information</b></p> <p style="text-align: center;"><b>Address (Street, City, State, Zip)</b></p> <p style="text-align: center;"><b>Phone/Email Information</b></p>	

If a Retirement Trust (or several of them) is appropriate as part of your estate plan, it will be necessary to name a Trustee for each trust.

## FIDUCIARIES (Continued)

### **AGENT(S):**

Your Agent, in a document called a “Durable Power of Attorney for Assets”, is given a Durable Power of Attorney (“POA”) to act in your place for most financial and contractual transactions. Acting under this POA, your Agent may write checks, buy/sell stocks, open/close other accounts, acquire or dispose of personal property – just about anything you might do yourself.

The POA is effective immediately upon your signature. It terminates upon your death. You may name alternate Agents – with the alternates acting in sequence if a predecessor is unable or unwilling to act. Your Agent(s) should be ***highly*** trusted individuals.

<b>AGENT(S) FOR DURABLE POWER of ATTORNEY - ASSETS</b>	
<b>Agent’s Full Name</b>	
<b>Contact Information</b> <b>Address (Street, City, State, Zip)</b> <b>Phone/Email Information</b>	
<b>Alternate Agent #1</b> <b>Full Name</b>	
<b>Contact Information</b> <b>Address (Street, City, State, Zip)</b> <b>Phone/Email Information</b>	
<b>Alternate Agent #2</b> <b>Full Name</b>	
<b>Contact Information</b> <b>Address (Street, City, State, Zip)</b> <b>Phone/Email Information</b>	

## FIDUCIARIES (Continued)

### **PATIENT ADVOCATE(S):**

Your Patient Advocate, in a document called a “Durable Power of Attorney for Medical Decisions and Patient Advocate Designation”, is given a (different) POA to act on your behalf if/when you are unable to participate in decisions related to your own healthcare. You may name one or several Patient Advocates. If you name more than one, they will be authorized to act *in sequence* – one after another - in the event that one of them resigns, is unable or unwilling to serve, or is unreachable in the case of a medical emergency. ALL available contact information for each Patient Advocate should be provided to facilitate contacting your advocate(s) in such an emergency. Patient Advocates are trusted to act as you would wish regarding medical decisions you may not be able to express for yourself – refusing treatments or medications, for example. So you should select individuals who think as you do on such matters and who you trust to act as you would yourself.

<b>ADVOCATES for DURABLE POWER of ATTORNEY for MEDICAL DECISIONS</b>	
<b>Advocate’s Full Name</b>	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	
<b>Alternate Advocate #1</b>  Full Name	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	
<b>Alternate Advocate #2</b>  Full Name	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	

## FIDUCIARIES (Continued)

### **LEGAL GUARDIAN(S):**

Legal Guardians are appointed to, in the event of your death or incapacity, care for your children (or other legal dependents) who are under 18 years of age or are unable to care for themselves. One or more Guardians may be named. In the case of minor children, close family members are, most usually, chosen but this is not mandatory. In the case of children or dependents with special care needs, an institution (with the facilities and resources to provide necessary care and support) may also be named. Multiple guardians may be named and may act individually, together and/or in sequence. A potential Guardian's willingness to serve in this capacity should be determined before s/he is named in your Will.

<b>LEGAL GUARDIAN(S) for MINOR or DISABLED CHILDREN/DEPENDENTS</b>	
<b>Guardian's Full Name</b>	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	
<b>2<sup>nd</sup> or Alternate Guardian #1</b> Full Name	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	
<b>3<sup>rd</sup> or Alternate Guardian #2</b> Full Name	
<b>Contact Information</b> Address (Street, City, State, Zip) Phone/Email Information	

## ESTATE PLAN OBJECTIVES

Where do you plan to have your permanent residence after retirement?

\_\_\_\_\_

Do you plan to maintain additional residences? \_\_\_\_\_

If so, where?

\_\_\_\_\_

Do you plan any employment after retirement? \_\_\_\_\_

Type of employment planned

\_\_\_\_\_

Earnings anticipated \$ \_\_\_\_\_

What are your anticipated years of life after retirement?

\_\_\_\_\_ Years.

Conveyance of principal held in trust:

Access at what Age?

What % of Principal

\_\_\_\_\_ years

\_\_\_\_\_ %

\_\_\_\_\_ years

\_\_\_\_\_ %

\_\_\_\_\_ years

\_\_\_\_\_ %

Lifetime gifts or bequests to other than your immediate family:

\_\_\_\_\_

\_\_\_\_\_

Are there any other items you would like to have incorporated in your estate plan?

\_\_\_\_\_

\_\_\_\_\_

Have you and/or a spouse ever resided in a Community Property state during a prior marriage?

\_\_\_\_\_

## ADDITIONAL QUESTIONS and INFORMATION

Do you have access to a bank Safe Deposit Box? If so, at which institution/branch?

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Do you own any significant collections? These might include coins, stamps, jewelry, art works, automobiles, guns, etc. Please describe.

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Have you made any non-charitable gifts in excess of the allowed exclusion from Gift Taxes in any past year? If so, for which years? Were Federal Gift Tax Returns (Form 709) filed?

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Do you wish to make any charitable gifts through your estate plan? If so, to which charitable organization(s)?

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What are your preferences with respect to:

1. Burial, Cremation or other disposal of your remains? \_\_\_\_\_  
Cemetery Plot already owned? \_\_\_\_\_
2. Long Term Care (if necessary) i.e. At home? Nursing facility? \_\_\_\_\_

In addition to your Patient Advocate, which other persons do you wish to be given information about your medical status & information in the event that you are unable to provide that information yourself? In the absence of written instructions to this effect a hospital (for instance) is barred from providing HIPAA information to anyone.

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Please make a note of other questions or concerns you may have with respect to any aspect of your estate planning.

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## ESTATE ASSET & LIABILITY DOCUMENTATION

In order to properly plan for the orderly control and disposition of your estate, we must have a **thorough** understanding of the Assets and Liabilities which define your estate. The best way, (the only way, in fact) for us to develop that understanding is by having thorough documentation of those assets and liabilities.

Please make a conscientious effort to gather and bring to our offices originals or copies of the following documents. (We will digitize and promptly return all documents to you.) If you already have a current, comprehensive Balance Sheet, please bring a copy with you. If not, we will develop one, during the course of our work, and will provide you with a copy.

ESTATE COMPONENT	DESCRIPTION
Real Estate	Current DEED Most Recent Tax Statement Outstanding Mortgage Statement
Brokerage and Investment Accounts	Most Recent Account Statement – showing how the account is titled, current holdings and beneficiary designation (if applicable)
Personally-held Stocks, Bonds or Other Financial Assets	Stock Certificate, Bond Face or other document showing proper name of asset and how titled.
Checking and/or Savings Accounts	Most Recent Account Statement showing how the account is titled, current holdings and beneficiary designation (if applicable)
Life Insurance	Policy Face Sheet showing insured, beneficiaries, type of insurance, ownership, etc. (If there are loans outstanding against the policy, documentation is needed.)
Retirement Accounts (401k, 403b, IRA, Keogh, SEP, Profit Sharing, Pension, etc.)	Most recent Statement. Employer or Custodian of the account; Date you became active in the plan, other relevant details.
Notes or Accounts Receivable (by you) Mortgages, Land Contracts, etc.	Full documentation showing other party involved & relationship to you, current value, interest rate, payment amount, etc.
Business Interests such as a closely-held corporation, LLC, partnership, sole proprietorship, etc.	Full description of the Interest – incl. ownership, form of business, market value, cost basis, estimated annual income or loss, etc.
Collections or other Personal Property of Particular Significance: Cars, Jewelry, Coins, Artwork, Antiques etc.	Description, estimated dates of acquisition, cost basis and current fair market value. Appraisals if available.
Other Liabilities: e.g. Support Obligations, Charitable Pledges, Tax Obligations	Documentation of the liability, original and current balances, terms and conditions (including due dates)

## ADDITIONAL NOTES

Please provide FULL, legal name, address, phone, and e-mail information for each intended beneficiary of your estate. Social Security Numbers will, ultimately, be required also.