

ASSET PROTECTION WORKSHEET

Hehr & Myers Co. L.P.A.,
Estate and Trust Planning

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

PERSONAL INFORMATION

Trustee's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____ Divorced Widowed Single

Trustee's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

MEASURING LIFE

Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____ Divorced Widowed Single

ULTIMATE BENEFICIARIES, THEN CONTINGENT BENEFICIARIES

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.) Of trustees.

Name	Birth date	Parent or Relationship
_____	_____	_____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

ADVISORS

Name

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

FRAUDULENT TRANSFER CONCERNS

Please answer the following questions from the Trust makers point of View.

Description

Answer

Trustees' Credit Score, to assist in determining Fraudulent Transfer Risk _____

Current Debt to income Ratio. _____

Any Current catastrophic creditors, or POTENTIAL Divorces. _____

Other Concerns (Please list below):

Divorces should be listed if they involve the Trustees, grantors, or beneficiaries.

IMPORTANT FAMILY QUESTIONS AS TRUSTEES

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental		

benefits? <i>Describe</i> _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>		
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have (you or your spouse) completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>		
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

DESIGN INFORMATION

PERSONS TO ACT FOR YOU:

INITIAL TRUSTEE(S): Usually the Maker will be the Trustee of the family asset protection trust. If the initial trustees are not the grantors of the trust who are they?

Name and Address

Relationship

DISABILITY TRUSTEE: If the initial trustees are unable to make decisions for the trust, who would they want to make decisions for it with regard to the property and assets?

FOR FIRST TRUSTEE

Name and Address

Relationship

FOR CO-TRUSTEE

Name and Address

Relationship

DEATH TRUSTEE: After your death, who do you want carrying out your instructions for management of the property for the beneficiaries?

FOR FIRST TRUSTEE

Name and Address

Relationship

FOR CO-TRUSTEE

Name and Address

Relationship

Do you want to authorize the trustee to take whatever steps are necessary to keep the measuring life in a personal residence rather than nursing home? Yes No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, trustee may be removed? Yes No

DIVISION OF PROPERTY UPON DEATH OF MEASURING LIFE

DIVIDE EQUALLY BETWEEN THE CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN:

DIVIDE AMONT NAMED INDIVIDUALS and/or CHARITIES:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

