

Name: _____

Date: _____

Please circle your responses to the following:

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| 1. I have a current (2010 or later) Health Care Power of Attorney to permit my spouse, children and/or family to make emergency health care decisions for me in the event I am unable to do so. | Yes | No | Don't Know |
| 2. I have my own HIPAA Authorization document that ensures my loved ones will be able to communicate with any of my health care providers in an emergency. | Yes | No | Don't Know |
| 3. I have a current Living Will providing my family doctors with instructions regarding termination of artificial hydration, nutrition and respiration, and other end-of-life treatments. | Yes | No | Don't Know |
| 4. I have detailed written guidelines providing my family with detailed guidance regarding my preferences with regard to making medical decisions and long-term care decisions on my behalf. | Yes | No | Don't Know |
| 5. I have a current (less than five years old) Durable Power of Attorney to permit my spouse and/or children to handle my financial affairs in the event I become disabled. | Yes | No | Don't Know |
| 6. I have verified that my Durable Power of Attorney permits my agent to manage my retirement accounts if I become disabled. | Yes | No | Don't Know |
| 7. I have verified that my Durable Power of Attorney permits my agent would be able to undertake long-term care planning and and Medicaid planning on my behalf if I become disabled. | Yes | No | Don't Know |
| 8. I have recently checked the beneficiary designations of my retirement plans and life insurance policies, and I am confident that I have not listed my estate or any minor children as either primary or secondary beneficiaries. | Yes | No | Don't Know |
| 9. I have nominated permanent, stand-by, and local emergency guardians for my minor children and I have medical powers of attorney for my minor children. | Yes | No | Don't Know |
| 10. I am satisfied with the persons I have named as guardians of my minor children in my current plan. | Yes | No | Don't Know |

11. I am satisfied that my current plan sets up a contingent trust for my minor children to ensure they are responsibly managed.	Yes	No	Don't Know
12. I am aware of all future estate planning fees and expenses, including an understanding of those involved at the time of my death (e.g., probate or administration fees).	Yes	No	Don't Know
13. I am satisfied with the persons named as executor or trustee in my current plan.	Yes	No	Don't Know
14. My Revocable Trust and/or Power of Attorneys specify a clear, understandable test to determine whether I am disabled and unable to manage my own financial affairs.	Yes	No	Don't Know
15. If I have a Revocable Living Trust in place as part of my estate plan, it gives instructions not just for my care, but also for the care of my loved ones if I become mentally disabled.	Yes	No	Don't Know
16. I am certain that my current estate plan will minimize possible federal and state income and estate taxes at my death, including taxes on my house, life insurance and IRAs.	Yes	No	Don't Know
17. If I have a Revocable Living Trust in place as part of my estate plan, I'm sure that my trust is fully funded (i.e., all of my assets, except retirement accounts, are titled to my trust) so that my family can avoid the delays and expenses of probate and my affairs can remain private.	Yes	No	Don't Know
18. I have taken steps to protect my children's inheritance in the event my surviving spouse chooses to remarry so assets don't end up with the future spouse instead of my children.	Yes	No	Don't Know
19. I have a plan to protect my children's inheritance from a divorcing spouse.	Yes	No	Don't Know
20. I have a plan to provide creditor and lawsuit protection for assets passed to my surviving spouse.	Yes	No	Don't Know

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| 21. My current plan provides creditor and lawsuit protection for my children's inheritance. | Yes | No | Don't Know |
| 22. My current plan addresses minimizing income taxes, especially for my retirement accounts. | Yes | No | Don't Know |
| 23. I have a comprehensive financial plan for paying future long-term care expenses, if I should become disabled. | Yes | No | Don't Know |
| 24. If I own a business, my plan includes appropriate business succession planning and/or appropriate asset protection planning to protect my personal assets from my business obligations. | Yes | No | Don't Know |
| 25. If I own any rental properties, my plan includes appropriate asset protection planning to protect my personal assets from risks associated with ownership of rental property. | Yes | No | Don't Know |
| 26. If I own family vacation property, my plan includes a clear plan for preserving the vacation property for future generations. | Yes | No | Don't Know |
| 27. If I am a licensed professional (e.g., doctor, dentist, lawyer, CPA, etc.), my plan includes asset protection planning to protect my personal assets from malpractice exposure. | Yes | No | Don't Know |
| 28. Based on your answers above, would you be interested in a no-fee initial meeting with an estate planning law firm to discuss your planning goals? | Yes | No | Don't Know |