

Kelly Oldford Estate Planning, PLLC

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~Building Your Future On a Solid Foundation~



CONFIDENTIAL

**CLIENT ESTATE SUBSEQUENCE
PLANNING**

DATE:

Updated as of December 3, 2018

Congratulations on proceeding to the next step in your estate planning process!

You have taken a huge step to securing your family's future, and the hard work is completed. We only need a little more information from you to complete your estate plan.

INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE:

1. Feel free to attach additional sheets if you need more space to answer a question or need to supplement a question.
2. Please keep in mind, that because you are married, the first person to be nominated in each of these categories will be your spouse - unless you note otherwise. The additional designees you are nominating on this form will all be successor, or alternative, designees.
3. Be sure to put thought into these choices. And contact the people you wish to nominate to make sure they are willing to participate. You may "reuse" names as many times as you wish.
4. Keep in mind you can name multiple people for positions. In other words, if there is a couple or just two or more people you wish to fulfill a position and work together, you can name those people as a set.
5. As you name a personal representative or trustee for your estate, keep in mind that this person could be "reasonably compensated" if they so choose. So, make sure you are comfortable with your trustees and successor trustees potentially getting compensated.
6. **Final Consultation: Once you've completed this questionnaire**, please call to schedule your final consultation. All your estate documents will be finalized, but we can make minor, last minute changes at this meeting. This meeting will be a personal meeting at our office. This meeting will last approximately one hour. Included in this meeting will be a signing ceremony for all your estate documents and a finalization of your entire estate planning packet. The balance due of your plan will also be required at this time.

PERSONAL REPRESENTATIVE FOR A WILL OR POUROVER WILL:

Please provide someone(s) to manage the estate assets upon your death:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

TRUSTEE OF YOUR ESTATE:

Please provide someone(s) who can take over for you during your lifetime to manage the estate assets if you become incapacitated or incompetent, or who can take over upon your death:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

GUARDIANS FOR MINOR CHILDREN:

Please provide someone(s) who will care for your minor children upon your death:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice(s) is unwilling or unable to act, please provide an alternative:

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

FINANCIAL POWER OF ATTORNEY FOR HUSBAND:

Please provide someone(s) who can take over for you during your lifetime to manage your financial decisions if you become incapacitated or incompetent:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

FINANCIAL POWER OF ATTORNEY FOR WIFE:

Please provide someone(s) who can take over for you during your lifetime to manage your financial decisions if you become incapacitated or incompetent:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

MEDICAL POWER OF ATTORNEY FOR HUSBAND:

Please provide someone(s) who can take over for you during your lifetime to manage your medical decisions if you become incapacitated or incompetent:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):

MEDICAL POWER OF ATTORNEY FOR WIFE:

Please provide someone(s) who can take over for you during your lifetime to manage your medical decisions if you become incapacitated or incompetent:

1. Name(s):
2. Date(s) of birth:
3. Address(es):
4. Phone(s):

If your intended choice above is unwilling or unable to act, please provide an alternative(s):

1. Name(s):
2. Date(s) of Birth:
3. Address(es):
4. Phone(s):