



Estate Planning Preparation Packet

Before you begin the online data gathering process, we recommend you take some time to gather your thoughts and put them down on paper. Print out this Preparation Packet and use it to guide you through the thought process.

As you complete this packet, you will be prompted to discuss with your spouse the key components of your estate plan. You also may wish to consult with family members and healthcare/financial professionals.

If you would like a complementary consultation with an EP Cloud™ Estate Planning Specialist before beginning the online, attorney-driven questionnaire, please contact us at the information provided below.

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Preparing for Your Estate Planning Appointment

Depending on your personal situation, you will need to answer 20 to 30 questions in order to create your estate plan. The questions are not difficult but a few of them do require some introspection. The interview will determine the specific type of documents that your circumstances will require. To make sure that the interview process is as productive as possible give some thought to the following:

Personal Representative. In the event something were to happen you, who would you choose to be your executor (also known as a successor trustee, if your estate plan includes a trust)? Your executor/successor trustee oversees your affairs upon your death. It is wise to name at least two individuals so that if one fails to serve there is an alternate. You can either name 2 co-trustees to serve together OR up to 4 individuals serving contingently.

Guardian for Minor Children. Who do you want to be legally responsible for the care and control of your minor children upon your demise? It is wise to name at least two individuals so that if one fails to serve there is an alternate. You can name as many as 4 individuals to serve contingently.

Attorney-in-Fact for Health Care Power of Attorney. Who would you choose to make healthcare decisions on your behalf in the event you cannot personally make your wishes known? You can name as many as 4 individuals to serve contingently, but at least 2 are required.

Attorney-in-Fact for Financial Power of Attorney. Who would you choose to manage your assets not held in trust? This is often the same individual who you name as your executor or successor trustee. Your trustee manages the assets in the trust and your attorney-in-fact in the financial power of attorney manages the assets outside the trust. You can name as many as 4 individuals to serve contingently.

Dates of Birth. Make sure you know the dates of birth for all your children.

General Thoughts on Asset Distribution. The individuals or institutions who receive your assets upon your death are referred to as beneficiaries. Think through who is to get what.

Consider things like:

- If you were to die today, who is to receive your assets? Are your assets to be divided equally among your living children (this is the most common choice) or by other percentages?
- Is there anyone that you wish to formally disinherit (former spouses are automatically disinherited)?

- If your beneficiaries are minors, do you want to hold their inheritance in trust so they do not receive all their inheritance at age 18 (think what you would have done with large sum of money at age 18)? You can sprinkle out distributions over as many as 3 different ages. For example: Give 20% of their inheritance at age 18; 50% at age 25; and the balance at age 30.
- In addition to age based distributions which, if any, of the following conditions do you want to impose on your beneficiaries as a requirement to receive assets? Three options are provided - drug free, alcohol free, gambling free
- Prior to distributing your assets, do you want to make any specific bequests? Specific assets given to specific people or institutions. Example: Give the grandfather clock to Sara. Give the cabin in Aspen, Colorado to Jason. Give \$10,000 to the Alzheimer's Association.

**Note: It is not necessary, nor recommended, that you attempt to provide details for who is to receive every little thing. The distribution of smaller, less valuable items is handled in a separate, stand-alone "letter of direction" that is referenced in the trust/will.*

- In the unlikely event that everyone you name as a beneficiary dies before you (extremely rare), who is to receive your assets? This is known as your ultimate beneficiary. By default your ultimate beneficiaries are your then living relatives, but you can name specific individuals or institutions, such as an uncle or family friend, or your favorite charity or church. It is extremely rare that an ultimate beneficiary will receive anything.

After you've considered the points mentioned above, please complete the Estate Planning Questionnaire on the following pages. Please answer all fields that apply and double check the spelling on those named in your plan. Bring this completed questionnaire to your estate planning appointment.

Estate Planning Questionnaire

| General Information | | |
|--|----------------------------------|--|
| Spouse 1 | | |
| Full Legal Name | Birthdate | |
| Email | | |
| Home Phone | Cell Phone | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you already have any of these documents in place? <input type="checkbox"/> Living Trust <input type="checkbox"/> Will <input type="checkbox"/> Healthcare POA <input type="checkbox"/> Financial POA | | |
| Spouse 2 | | |
| Full Legal Name | Marriage Date | |
| Email | Birthdate | |
| Home Phone | Cell Phone | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you already have any of these documents in place? <input type="checkbox"/> Living Trust <input type="checkbox"/> Will <input type="checkbox"/> Healthcare POA <input type="checkbox"/> Financial POA | | |
| Household | | |
| Legal Address | | |
| Mailing Address (if different) | | |
| Does either spouse own >\$2M seperately? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you own real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the estimated value of all your assets? \$ | | |
| Financial & Healthcare Powers of Attorney (up to four agents serving contingently, not jointly) | | |
| Spouse 1 | | |
| Financial POA | Healthcare POA (name at least 2) | |
| Choice 1 Name & Email | Choice 1 Name & Email | |
| Choice 2 Name & Email | Choice 2 Name & Email | |
| Choice 3 Name & Email | Choice 3 Name & Email | |
| Choice 4 Name & Email | Choice 4 Name & Email | |
| Spouse 2 | | |
| Financial POA | Healthcare POA (name at least 2) | |
| Choice 1 Name & Email | Choice 1 Name & Email | |
| Choice 2 Name & Email | Choice 2 Name & Email | |
| Choice 3 Name & Email | Choice 3 Name & Email | |
| Choice 4 Name & Email | Choice 4 Name & Email | |

Familial Relations

Please list all children, naturally born or adopted, between Spouse 1 & Spouse 2 (space for more entries on last page)

| Full Name | Birthdate | Receiving Disbaility? |
|-----------|-----------|--|
| | | <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 |

| | |
|---------------------------------------|---|
| Has Spouse 1 had any prior marriages? | |
| Prior Spouse Name | Resolved by <input type="checkbox"/> Divorce <input type="checkbox"/> Death |

| All children, naturally born or adopted, with prior spouse | Birthdate | Receiving Disbaility? |
|--|-----------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---------------------------------------|---|
| Has Spouse 2 had any prior marriages? | |
| Prior Spouse Name | Resolved by <input type="checkbox"/> Divorce <input type="checkbox"/> Death |

| All children, naturally born or adopted, with prior spouse | Birthdate | Receiving Disbaility? |
|--|-----------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Existing Trust Documents (If no prior trusts, please skip this section)Who is/are the grantor(s) of the trust? Both Spouses Spouse 1 Spouse 2

| | | | |
|-------------------|--------|-------|-----------------|
| Name of the Trust | County | State | Date of signing |
|-------------------|--------|-------|-----------------|

Is it Amendable, or Revocable? Yes No Does the Trust own any assets? Yes No**Who would you appoint to be the guardian of your minor children? (Up to 4 choices)**

| | | |
|-----------------------|------|-------|
| Choice 1 Name & Email | City | State |
| Choice 2 Name & Email | City | State |
| Choice 3 Name & Email | City | State |
| Choice 4 Name & Email | City | State |

Would you like to disinherit anyone besides prior spouses? (list individuals below)

| Name | Birthdate |
|------|-----------|
| | |
| | |
| | |

Conditions on Distributions

Would you like impose any age-based conditions on distributions? (Please choose up to three stages)

| | | | |
|-------|---------|------------|----------|
| Age 1 | i.e. 20 | % at Age 1 | i.e. 33% |
| Age 2 | 25 | % at Age 2 | 33% |
| Age 3 | 30 | % at Age 3 | 34% |

Would you like impose any behavioral based conditions on distributions?

| | |
|---|---|
| Drug Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> For 1 Year <input type="checkbox"/> For 3 Years <input type="checkbox"/> For 5 Years |
| Alcohol Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> For 1 Year <input type="checkbox"/> For 3 Years <input type="checkbox"/> For 5 Years |
| Gambling Addiction Free? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> For 1 Year <input type="checkbox"/> For 3 Years <input type="checkbox"/> For 5 Years |

Notes

Additional room for more entries**More children between Spouse 1 and Spouse 2**

| Full Name | Birthdate | Receiving Disability? |
|-----------|-----------|--|
| | | <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 |

Additional former spouses of Spouse ___

| Prior Spouse Name | Resolved by <input type="checkbox"/> Divorce <input type="checkbox"/> Death |
|-------------------|---|
| | |
| | |

| All children, naturally born or adopted, with prior spouse | Birthdate | Receiving Disability? |
|--|-----------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional former spouses of Spouse ___

| Prior Spouse Name | Resolved by <input type="checkbox"/> Divorce <input type="checkbox"/> Death |
|-------------------|---|
| | |
| | |

| All children, naturally born or adopted, with prior spouse | Birthdate | Receiving Disability? |
|--|-----------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Beneficiaries for Personal Property

| Name (Person or Organization) | Percent | Alternate Beneficiary |
|-------------------------------|---------|---|
| | | <input type="checkbox"/> Person's Children <input type="checkbox"/> Other Beneficiaries Listed <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Person's Children <input type="checkbox"/> Other Beneficiaries Listed <input type="checkbox"/> Other: |

Additional Beneficiaries for Financial and Real Estate Assets

| Name (Person or Organization) | Percent | Alternate Beneficiary |
|-------------------------------|---------|---|
| | | <input type="checkbox"/> Person's Children <input type="checkbox"/> Other Beneficiaries Listed <input type="checkbox"/> Other: |
| | | <input type="checkbox"/> Person's Children <input type="checkbox"/> Other Beneficiaries Listed <input type="checkbox"/> Other: |