

Thank you for your interest in the estate planning services offered by Sluder Law Firm.

We hope that you will find this estate planning packet helpful and informative. Please complete it as much as reasonably possible prior to our initial consultation. The more information we have, the better we can advise you!

If you're viewing this on your computer or phone, it should be a fillable PDF that you can complete and save. You can then email it to us, or, if you prefer, print it and bring it with you to our meeting. You can also print and complete it by hand if you prefer—whatever works best for you!

If you holding a printed version, you can download a fillable PDF on our website (SluderLawFirm.com/EP). You can also download the couples version of this form.

You can can [click here to schedule your consultation](#) or time to review your draft estate planning documents.

You can also easily schedule a consultation by scanning this QR code:



Please feel free to delete/not print/toss any packet pages you do not need.

If you need extra space, one of the last pages of this packet is specifically for that purpose—so you can add anything you didn't have room to add on the appropriate page. You can also simply email us any additional information or instructions that you want to include in your estate plan.

Thanks again for choosing Sluder Law Firm to help *finally* get your estate planning done. Please feel free to call or email us with any questions.

- Ely W. Sluder, Esq.

YOUR ESTATE PLAN

The decisions that need to be made in determining who will serve in the various roles created by your estate plan are very important and are best made after careful consideration. The following is a description of the different duties of each of the roles that you will need to fill.

- **PERSONAL REPRESENTATIVE** - Your personal representative, often called your executor/executrix, is the person you name in your Last Will & Testament as the person who will handle transferring your assets to the appropriate parties and making sure that all of your affairs are in order in the event of your death. They must faithfully execute the instructions set forth in your Last Will & Testament as to who gets what and they must do so under the supervision of the Surrogate's Office/Court.
 - You should name two or three people in order that you want them to serve.
 - You should only name one person at a time (no co-representatives).
- **ATTORNEY-IN-FACT (AKA: POA OR FINANCIAL AGENT)** - The person you name in your durable power of attorney (DPOA) as your "attorney-in-fact" will be your authorized agent for the purposes of taking care of your financial affairs in the event you become incapacitated. If you have a spouse, your DPOA can be made effective immediately. For any other agents, it is typically not effective unless you become incapacitated, and if you regain your capacity, the agent's authority to act on your behalf ceases.
 - You can name one or more agents to act on your behalf (co-agents).
 - If you name co-agents, you can authorize them to act independently or require that they both agree/sign off on everything.
 - If you do not have an agent named in a DPOA, in order to act on your behalf someone will need to apply to the courts for "guardianship of the estate," which can be a costly and time-consuming process; therefore, you should name as many people as you are comfortable naming as your alternate/successor agents.
- **HEALTH CARE AGENT (AKA: HEALTH CARE PROXY)** - The person you name as your health care agent is the person who you want to make health care decisions for you in the event you become incapacitated or are otherwise unable to make or communicate health care decisions for yourself.
 - You can only name one health care agent at a time.
 - If you do not have an authorized health care agent, in order to act on your behalf someone will need to apply to the courts for "guardianship of the estate," which can be a costly and time-consuming process; therefore, you should name as many people as you are comfortable naming as your alternate/successor health care agents.
- **TRUSTEE**. The trustee is the person/people who will manage your assets for the benefit of your beneficiaries (*e.g.*, your children) in the event of the death of both of you. If your trust is a revocable living trust, your trustee is also the person who will manage the trust assets for your benefit in the event you are no longer able to do so. A trust can come into existence at your death (a "testamentary trust") or can be funded and take effect during your lifetime (a "living trust"). The trust contains instructions for what you would like to happen to your assets in the event of your death (or incapacity in the event of a living trust). These instructions are to be carried out by the "trustee(s)".
 - For a living trust, during your lifetime you will be the trustee of the trust (typically with your spouse as co-trustee, as applicable). You should then name one or more people as alternate/successor trustees. They can be relatives or close friends, anyone who you trust to carry out your instructions upon your incapacity or death.

Because many of these roles are interrelated (especially the attorney-in-fact, trustee, and personal representative) it is often convenient, but not necessary, for a married couple to name the same person to serve in all three capacities. This is because many marital assets are likely jointly owned, so it is helpful when married couples name the same people to deal with those assets.

CLIENT #1 - PERSONAL INFORMATION

You will be providing more details regarding these topics on subsequent pages of this packet.

Full Legal Name: _____ Prefer To Be Called: _____

Name to Be Used in Documents (typically First M. Last): _____

Other Names Used (incl. maiden name): _____ DOB: _____

Home Address: _____ County: _____

Place of Birth: _____ Citizenship: _____ Email: _____ Cell#: _____

Home#: _____ Employer: _____ Occupation: _____ Work#: _____

Married? YES__ NO__ IF YES, date of this marriage: _____ Name of spouse: _____

Any children with current spouse? YES__ NO__ Any children from any other relationship? YES__ NO__

Any minor children? YES__ NO__ Any special needs/disabled children? YES__ NO__ Any stepchildren? YES__ NO__

Any prior marriages? YES__ NO__ IF YES, name(s) of prior spouse(s): _____

Have you previously completed a Will, Trust, or other estate planning documents? YES__ NO__ If so, when? _____

Own a business? YES__ NO__ IF YES, any business partners? YES__ NO__ How is the business taxed? _____

Own real estate? YES__ NO__ IF YES, in which state(s) do you own real estate? _____

IF YES, any real estate co-owned with someone else? YES__ NO__ IF YES, who? _____

Do you expect any type of inheritance? YES__ NO__ IF YES, approximate amount (or property)? _____

Do you have... 401(K)? YES__ NO__ Pension? YES__ NO__ Annuities? YES__ NO__ IRA? YES__ NO__

Life insurance? YES__ NO__ Disability Insurance? YES__ NO__ Long Term Care insurance? YES__ NO__

Are you a veteran? YES__ NO__ IF YES, retired veteran? YES__ NO__ Disabled veteran? YES__ NO__

Any pressing health issues? YES__ NO__ Any disabilities? YES__ NO__ Any pending surgeries? YES__ NO__

Anyone you want to expressly disinherit? YES__ NO__ IF YES, who? _____

What do you want done when you pass (buried, cremated, etc.)? _____

Any specific wishes regarding services? _____

Any prior arrangements, such as pre-purchased burial plot? YES__ NO__ IF YES, where? _____

Name of Mother: _____ Alive? YES__ NO__ IF YES, lives where? _____

Name of Father: _____ Alive? YES__ NO__ IF YES, lives where? _____

Any pets/animals? YES__ NO__ IF YES, what type? Names? _____

IF YES, who would take possession/care of them if they outlive you? _____

CLIENT # 1 – FAMILY INFORMATION

Please list **all your children with date of birth** (not including stepchildren, who should be listed on your spouse’s page, which follows this one) and **all your siblings** (date of birth if known), including step and half siblings, whether alive and deceased, even if you don’t plan to leave them anything. **You do not need to list parents or spouse; you can list stepparents if they’re named in your estate plan in any way.** For addresses, just city and state are sufficient if their full address isn’t handy. This information will help us better advise you.

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

Name: _____ Relationship: _____ Alive? YES__ NO__
DOB: _____ Address: _____ Phone: _____
Children of this person: _____

CLIENT #1 - BENEFICIARIES

Your “beneficiaries” are those people who you want to receive your assets when you pass.

- If you have a spouse, do you want to leave everything to them if you pass first? YES__ NO__
- If no living spouse, do you want to leave everything equally to your children? YES__ NO__
- If no spouse and no children then living, do you want to leave everything equally to your parents? YES__ NO__
- If no spouse, no children, and no parents then living, leave everything equally to your siblings? YES__ NO__
- If left to your siblings and one or more has passed, then to their issue (children, grandchildren, etc.)? YES__ NO__

To the extent your wishes aren’t fully expressed by answering the questions above, you may (but don’t have to) use the space below to describe in your own words how you want your assets to be distributed upon your death. You may leave specific gifts of money, real estate, vehicles, and other property, and/or you can leave a percentage of your “remainder estate”—everything you don’t specifically give away.

Your **remainder estate** will not include anything expressly gifted in your Will/Trust or by way of a handwritten list of final gifts of personal property you want to make upon your death. We provide a blank form you can use to make a handwritten list of final gifts, which you can add to, amend, and/or replace at any time without needing to formally amend your Will/Trust. Such a handwritten list does not need to be notarized or even witnessed—it just needs to be kept with your Will/Trust. In other words, you don’t need to make any final decisions when filling out this form!

Please provide full names, relationship, address (at least city and state), and the specific gift you wish to have expressly set forth in your Will/Trust and/or percentage of your remainder estate they are to receive. Include who you want to receive the gift if the person you have named is no longer alive when the time comes. Does it go to their children, if any? Their children’s children? Or does the gift “fail” and is returned to your remainder estate? Also, if (tragically) everybody you’ve named as a beneficiary has passed, who do you want to receive everything?

All final gifts should be property owned solely by you or, if jointly owned with a spouse, a gift you both wish to make.

WILL - PERSONAL REPRESENTATIVES (EXECUTORS)

You should only name one person to serve at a time. If more than one person is named, they must all act together, which makes it logistically challenging. Serving as an executor (also called a "personal representative") is a large responsibility and you should name people who are capable of administering your estate and executing your final wishes.

Primary Personal Representative: Want your spouse (if applicable)? YES__ NO__ IF YES, skip to 1st Alternate.

Name: _____ Relationship: _____

Address: _____ Phone: _____

1st Alternate Personal Representative:

Name: _____ Relationship: _____

Address: _____ Phone: _____

2nd Alternate Personal Representative:

Name: _____ Relationship: _____

Address: _____ Phone: _____

3rd Alternate Personal Representative:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Any additional information regarding your Personal Reps/Executors? Want to list even more people?
You can use this area for that:

ATTORNEY-IN-FACT (AKA: DPOA AGENT)

Your Durable Power of Attorney (“DPOA”) designates an “attorney-in-fact” as your agent to make financial and legal decisions for you should you become incapacitated (*e.g.*, in a coma) or you are otherwise unable to make or communicate such decisions yourself. If married, your spouse is typically your primary agent, and the DPOA is usually effective immediately; for successor agents, however, it is typically only effective if/when you become incapacitated (and ceases to be effective if/when you regain your capacity to act on your own behalf).

If married, want your spouse as your primary agent? YES__ NO__ IF YES, effective immediately? YES__ NO__

After your spouse (if applicable), who do you want to name as your agent(s)? **You can name one or more people to act as co-agents; if so, please indicate if they can act independently or if they must act together (concurrently) in order to do anything.** For instance, if you name a married couple or two children to act independently, it will give them the most flexibility to take care of what you need taken care of (only one of them needs to go to the bank vs. both/all of them).

Below, please name as many people, in order of preference, as you are comfortable naming as your DPOA agent, and include their relationship to you, phone number, and address (city & state, at least).

TRUSTEES – (Remember the “Trustee” section on Page #1? If not, please go back and re-read it now.)

If you married and set up a living trust (while you are alive), you are typically the trustee of “THE [YOUR LAST NAME] LIVING TRUST.” Your Trust will then name successor trustees (one or more acting at a time).

If you have children from a previous relationship or other people who you want to provide for upon your death, you may want to consider an “A/B trust.” This type of trust splits your estate into two upon your death—everything you own with your spouse and that you want to leave to your spouse goes into Trust A for the benefit of your spouse, and everything else/the other half of your estate can go into Trust B for the benefit of your children/other people.

You can name one or more people to act as co-trustees; if so, please indicate if they can act independently or if they must act together (concurrently) in order to do anything. For instance, if you name a married couple or two of your adult children to act independently, it will give them the most flexibility to take care of what you need taken care of (only one of them needs to go to the bank vs. both/all of them). **You do not have to name the same people you name as guardians for your minor children.** You may trust one person to manage the assets and another to have custody of your children.

Below, please name as many people, in order of preference, as you are comfortable naming as trustees, and include their relationship to you, phone number, and address (city & state, at least).

HEALTH CARE AGENTS:

Your health care agent makes medical care decisions when you are unable to make or communicate your wishes.

Primary Health Care Agent:

Name: _____ Relationship: _____

Address: _____ Phone: _____

1st Alternate Agent:

Name: _____ Relationship: _____

Address: _____ Phone: _____

2nd Alternate Agent:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Additional information regarding your agents? Please provide it here:

LIVING WILL – END OF LIFE INSTRUCTIONS

The “Living Will” portion of your Combined Advance Directives for Health Care document is a written expression of your desires regarding when life-sustaining treatments that artificially prolong your life should be provided, withheld, or withdrawn/ceased. Your Living Will is **only** relied upon when **you do not have a health care agent to speak on your behalf** AND:

- Your condition, disease, or illness is **irreversible, incurable, AND**
- It leaves you **unable to care for yourself** and **unable to make decisions or communicate for yourself, AND**
- Your condition or illness is **fatal unless you continue receiving some sort of life-sustaining treatment.**

1. I want all medically appropriate measures be provided to sustain and extend my life to the greatest extent possible, regardless of my physical or mental condition and regardless of expense, meaning there are NO circumstances in which I want life-sustaining treatment(s) to be withheld or withdrawn/ceased. **(If “YES” you can skip to #8)** YES__ NO__
2. If I am diagnosed as having an incurable and irreversible illness, disease, or condition, and my attending physician and at least one additional physician who has personally examined me determine that my condition is **terminal (meaning I have less than six months to live), I direct that life-sustaining measures which would serve only to artificially prolong my dying be withheld or discontinued.** YES__ NO__
3. If I become **permanently unconscious (as determined by my doctor and at least one other), meaning** that I have totally and irreversibly lost consciousness and my capacity for interaction with other people and my surroundings, **I direct that life-sustaining measures be withheld or discontinued.** (If “YES”, please indicate the # of days you want them to wait.) YES__ NO__
IF YES,
of
days:___
4. If my incurable and irreversible illness, disease, or condition causes me to experience **severe and progressive physical or mental deterioration and/or a permanent loss of capacities and faculties** I value highly, even if not terminal, **I direct that life-sustaining measures be withheld or discontinued.** YES__ NO__
5. In those circumstances set forth above, I also direct that artificially provided **fluids**, such as by intravenous infusion, **be withheld or withdrawn and that I be allowed to die.** YES__ NO__
6. In those circumstances set forth above, I also direct that artificially provided **nutrition**, such as by feeding tube, **be withheld or withdrawn and that I be allowed to die.** YES__ NO__
7. In those circumstances set forth above, if I should suffer a cardiac arrest, I also direct that CPR **not be provided and I be allowed to die.** (“Do not resuscitate” or “DNR”) YES__ NO__
8. I do **not** want to be taken to a hospital/hospice if at all avoidable; it is my express desire to remain at home until I die unless it is a burden to my Health Care Representative or my other loved ones. YES__ NO__
9. If I am known to be pregnant, I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment. YES__ NO__
N/A___
10. If I am in an *advanced* stage of Alzheimer’s or another incurable, advanced dementing disease, I would want to receive **assisted oral feedings** (not forced). YES__ NO__
11. I wish to be an organ donor. YES__ NO__
IF YES, besides donation for transplantation do you want to donate for medical research and education? YES__ NO__

PERMANENT GUARDIANSHIP

NOTE: If you have a child from a prior relationship who has not been adopted by your spouse, the child’s birth parent will usually be appointed as the child’s guardian. **Does this apply to any of your children? Yes** _____

Primary Permanent Guardian(s):

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

If you named a couple, what happens if they split up? Stay with: _____ Go to next choice: _____

1st Alternate Permanent Guardian:

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

If you named a couple, what happens if they split up? Stay with: _____ Go to next choice: _____

2nd Alternate Permanent Guardian:

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

If you named a couple, what happens if they split up? Stay with: _____

TEMPORARY GUARDIANSHIP

NOTE: These are people who live near you who you trust to have custody of your children when you are unavailable for any reason. The sole purpose of this one-page document is to keep your children from ever becoming wards of the state or otherwise entering child protective services, even temporarily.

Primary Temporary Guardian(s):

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

1st Alternate Temporary Guardian(s):

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

2nd Alternate Temporary Guardian(s):

Name(s): _____ Relationship: _____

Address: _____ Phone: _____

OTHER DEPENDENTS

Anyone other than your children who depends on either of you for support? YES ___ NO ___

If YES: Name(s): _____ Relationship(s): _____

Please use this extra page to list additional information that you didn't have room to enter elsewhere, or to list any special instructions or wishes regarding any element of your estate plan. Do you have any religious considerations you want included? Any special instructions regarding end-of-life care? Any restrictions on organ donation? This is the place for you to provide such information, or just list any questions you may have. If you don't need this page, feel free to delete it.

PROPERTY TRANSFER CHECKLIST

If you are setting up and “funding” a revocable living trust, having the information and documentation listed below will be a tremendous help. To properly “fund” your Trust, you must effectively transfer your assets out of your name and into the name of the Trust. You do this by transferring title from yourself, personally, to “[YOUR NAME], as Trustee of The [LAST NAME] Family Trust u/a dated [DATE YOUR TRUST WAS SIGNED].”

Even if you aren’t setting up a trust now, having the following information in one place will be a tremendous help to your personal representative/executor:

1. Copies of all bank account statements, indicating the name of the bank and the account numbers.
2. Copies of all certificates of deposits and similar time savings accounts, indicating the name of the financial institution and the account or certificate numbers.
3. Copies of all brokerage account statements, indicating the name of the broker and the account numbers.
4. **Originals** of all stocks and bonds held in your name.
5. Copies of all deeds to real estate, whether in New Jersey or other states, including time share certificates.
6. Copies of deeds or contracts for cemetery lots which you own, indicating location.
7. **Originals** of all motor vehicle titles, including boats, trailers, etc.
8. Name and description of all businesses in which you have an interest, including copies of all ownership documentation, such as membership or stock certificates, partnership interests, and limited liability company (LLC) interests.
9. Copies of any other type of investment documentation, in which you have an interest, including real estate syndications.
10. Copies of all retirement plan statements, including Individual Retirement Accounts (IRAs) in which you have an interest, indicating company name and account numbers.
11. Copies of all annuity policies which you own, indicating insurance company name and policy numbers.
12. Copies of all life insurance policies which you own, on your life or another's, indicating insurance company name and policy number.
13. Copies of all promissory notes of which you are the holder, including copies of the security if any for the debt, and all Deeds of Trust of which you are the beneficiary.
14. List of all non-titled property of whatever nature, including cash not on deposit, household goods, furnishings, art, coins, collectibles, gold, silver, jewelry, precious stones, etc.
15. Description and copies of documentation of any other property you own or in which you have an interest, of whatever nature.