| First name: | Middle: | Last Name: | | | |
|--|----------------------------------|--|-----------------|---------------|--|
| Phone number: (day) | | (evening) | | | |
| | | City: | | | |
| State: Zij | p Code: | County: | | | |
| Mailing address (if different | ent): | City: | | | |
| State: Zij | p Code: | County: | | | |
| Marital Status: (check one | e) Single (never married) | Married Div | vorced | Widowed | |
| Spouse's first name: | Middle: | Last Name: | | | |
| I want my entire estate tran | nsferred to my spouse if I shou | ld die first yes | - | no | |
| | | | | | |
| CHILDREN'S INFO First Name | Last Name | Current City/State | Under 18? | Deceased? | |
| | | of Residence | Yes/No | Yes/No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| If the children are under the children? | ne age of 18, who are to be the | primary and alternate Guard | dians (caretako | ers) of the | |
| Primary Caretaker Name | Current City/State of | Current City/State of Residence Relationship to Yo | | onship to You | |
| Alternate Caretaker Name | Current City/State of | of Residence | Relation | onship to You | |
| Who should be the primar the same as the Guardian) | y and alternate Trustees of the? | children's portion of your e | state (does no | t have to be | |
| Primary Trustee Name | Current City/State of | of Residence | Relatio | onship to You | |

Current City/State of Residence

Alternate Trustee Name

Relationship to You

| Have you already made arrangements for burial or cremation of your body after death? yes no If yes, what arrangements have been made? |
|--|
| Do you have specific instructions to your family regarding burial or cremation? (any specific cemetery you might like, any specific place you'd like your ashes to be spread, whether or not you'd like to have a service, etc.) |
| Who is to be the primary Personal Representative (Executor/Executrix) of your estate? |
| Name Current City/State of Residence Relationship to you |
| Who is to be the alternate Personal Representative (Executor/Executrix) of your estate? |
| Name Current City/State of Residence Relationship to you |
| Do you want the Personal Representative to be compensated for their time? yes no |
| If yes, do you want them to receive an additional percentage of the estate along with whatever you may already have willed to them or a flat fee? I want him or her to have% in addition to what I have already willed to them. I want him or her to have a flat fee of \$ to compensate the Personal Representative for their time. |
| <u>DISTRIBUTION OF ASSETS</u> (if spouse dies before you or at the same time – or if you are single) Do you have any real estate that will need to be transferred to a specific person or persons besides your spouse? yes no |
| If yes, please tell us the address of each property and to whom you would like to have this property transferred. If there is more than one person to list, please tell us what percentage each person shall receive of that property. |
| |

| Do you ha | ave any items with titles | (cars, boats, motorcycles, ski | -doos, etc.) to be transferred to | a specific person |
|-------------|----------------------------|---------------------------------|-----------------------------------|-------------------|
| or persons | s besides your spouse? | yes | no | |
| If yes, ple | ease list the year, make a | and model of each item as wel | l as to whom it shall be transfe | erred. |
| Year | <u>Make</u> | <u>Model</u> | To be transferred t | <u>·0</u> |
| | | | | |
| | | | | |
| Are there | people you specifically | want to mention in your Will | that you wish to leave nothing | g? yes no |
| If yes, wh | at are their names and r | elationships to you? | | |
| | | | | |
| Do you ha | ave any stocks, bonds, n | nutual funds, retirement funds | or life insurance policies to be | e sold or cashed |
| out and di | istributed to a specific p | erson or persons besides your | spouse? If yes, please list the | m in detail. |
| Name of 1 | Financial Institute | Type of Account | <u>Beneficiary</u> | % to receive |
| | | | | _ |
| | | | | |
| | | | | |
| DECINI | A DV OF VOLID FSTA | ATE (everything else not me | ationed above) | |
| | | | lease list all other persons who | o will be your |
| beneficiai | | our estate to be distributed. T | icase ust an other persons who | , will be your |
| <u>Name</u> | .eu | Relationsh | i <u>p to you</u> | % to receive |
| | | | | |
| | | | | |
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| | | | | |

| I want p | art of my estate to be gi | ven to the following charity/char | rities: | |
|--|---------------------------|-----------------------------------|----------------|--|
| Charity Name | Dollar Amount | Charity Address | Contact Person | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Are there any otl | her provisions you would | d like added to your Will? | | |
| | | | | |
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| | | | | |
| | | | | |
| Where did you hear about us? (circle all applicable) | | | | |
| Window sign | Web Site | Referral | | |

ESTATE PLANNING – ADDITIONAL DOCUMENTS

| Please | e indicate with a checkmark ($$) which additional fo | orms you wish us to c | reate for you (extra fee required). | |
|-------------|---|------------------------|-------------------------------------|--|
| | _ Healthcare Directive (Living Will) | | | |
| | _ Durable Power of Attorney (General) | | | |
| | Community Property Agreement | | | |
| If you | have checked one or more of the above documents | s, please answer the f | Collowing related questions: | |
| Healt | thcare Directive | | | |
| 1) | Do you wish to have your life artificially extended process of dying? (Circle one) Yes | d if using these mear | ns would only serve to prolong the | |
| 2) | Please circle the following things you want <u>WIT</u> prolonged: Nutrition Hydration | HHELD in order to a | not have your life artificially | |
| 3) | Do you authorize an autopsy if one is requested? | Yes | No | |
| 4) | Do you wish to be an organ donor? | Yes | No | |
| <u>Powe</u> | er of Attorney | | | |
| 1) | Whom do you wish to have designated as the main person to make decisions for you? | | | |
| | Name | Relation to you (| spouse?) | |
| 2) | Do you have an alternate in case the first person can not or will not assume this role? | | | |
| | Name | Relation to you | | |

Peaceful Separations Service Agreement

At this point in time I know how I want my estate to be distributed and the attached worksheets have been filled out as accurately as possible. I realize that I may need to retain an attorney to help me before the paperwork is done if I need legal advice or direction on how to divide my estate. I understand that any attorney's fees would be separate from the preparation fee of Peaceful Separations.

| I agree to pay Peaceful Sep following estate documents for me | • • | ersonal checks) to prepare the |
|--|----------------------------|--|
| □ Will□ Healthcare Directive (living Wi□ Durable Power of Attorney (Get) | • | |
| □ Codicil | | |
| • | un. I realize that documen | le attorney review and that fees are t revisions during this process will |
| Client's Name (Please print) | Client's Signature | Date |
| , Su Jody Studdard, WSBA #26574 | pervising Attorney for Pea | ceful Separations |
| Please return this page with your v | worksheets. You will recei | ive a copy of this agreement. |