



Peaceful Separations
ESTATE PLANNING WORKSHEET (this is NOT a legal document)

TESTATOR/TESTATRIX INFORMATION

First name: _____ Middle: _____ Last Name: _____

Phone number: (day) _____ (evening) _____

Residence address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Mailing address (if different): _____ City: _____

State: _____ Zip Code: _____ County: _____

Marital Status: (check one) Single (never married) Married Divorced Widowed

Spouse's first name: _____ Middle: _____ Last Name: _____

I want my entire estate transferred to my spouse if I should die first. yes no

CHILDREN'S INFO

First Name	Last Name	Current City/State of Residence	Under 18? Yes/No	Deceased? Yes/No

If the children are under the age of 18, who are to be the primary and alternate Guardians (caretakers) of the children?

Primary Caretaker Name Current City/State of Residence Relationship to You

Alternate Caretaker Name Current City/State of Residence Relationship to You

Who should be the primary and alternate Trustees of the children's portion of your estate (does not have to be the same as the Guardian)?

Primary Trustee Name Current City/State of Residence Relationship to You

Alternate Trustee Name Current City/State of Residence 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
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Who is to be the alternate Personal Representative (Executor/Executrix) of your estate?

Name	Current City/State of Residence	Relationship to you
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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.

DISTRIBUTION OF ASSETS (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.

ESTATE PLANNING – ADDITIONAL DOCUMENTS

Please indicate with a checkmark (✓) which additional forms you wish us to create 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, please answer the following related questions:

Healthcare Directive

- 1) Do you wish to have your life artificially extended if using these means would only serve to prolong the process of dying? (Circle one) Yes No
- 2) Please circle the following things you want **WITHHELD** in order to not have your life artificially prolonged: Nutrition Hydration Medication
- 3) Do you authorize an autopsy if one is requested? Yes No
- 4) Do you wish to be an organ donor? Yes No

Power of Attorney

- 1) Whom do you wish to have designated as the main person to make decisions for you?
Name _____ Relation to you (spouse?) _____
Current City/State of Residence _____
- 2) Do you have an alternate in case the first person can not or will not assume this role?
Name _____ Relation to you _____
Current City/State of Residence _____
- 3) Do you wish to have this designation become effective immediately or only once you have become incapacitated? (Circle one) Immediately Only upon incapacitation

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 Separations \$_____ to prepare the following estate documents for me:

- Will Durable Power of Attorney (General)
 Healthcare Directive (living Will) Community property agreement
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I understand that my document preparation fees include attorney review and that fees are not refundable once work has begun. I realize that document revisions will result in a charge of \$5 per document.

Client's Name (Please print)

Client's Signature

Date

_____, Supervising Attorney for Peaceful Separations
Jody Studdard, WSBA #26574

Please return this page with your worksheets. You will receive a copy of this agreement.