

 **LAW OFFICE OF MERRILL A. HANSON**  
A PROFESSIONAL CORPORATION

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**Estate Planning Detailed Questionnaire**

*Please provide thorough responses to all questions. Call us if you have any questions! Flat-fee estate planning means the security of having all your questions answered at no additional fee.*

**HUSBAND: Advance Health Care Directive**

Your health care agent will make decisions for you if you are incapacitated and unable to do so for yourself. In what order would you like your agents listed? You must choose one, but you can choose two alternates as well:

- 1) (spouse?)
- 2)
- 3)

Do you want the Advance Health Care Directive to take effect immediately or only upon your incapacity? The default is usually upon one's incapacity, but if you want the power to spring with your first agent now to help with any current medical services, you may elect to have it effective immediately. Please select:

- Immediately Effective.
- Effective upon my incapacity.

Do you want to authorize your agent to donate your organs after your passing? Y/N. (If yes, any limitations of the gift?):

Do you have any desires for the disposition of your remains? (Cremation and/or any special instructions):

Have you made any Funeral/Memorial Arrangements? If so, please send us information concerning any contracts you have entered into, or describe to us the details including: contract number, location, and any other pertinent information:

Do you have a religious preference for any memorial service? (If so please indicate):

Would you authorize your agent to allow an autopsy? Y/N



“Do Not Resuscitate Order” – Do you agree and are you willing to initial this statement in the Advance Health Care Directive? Y/N

***END-OF-LIFE DECISIONS.** I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I **do not** wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I **do not** want efforts made to prolong my life and I **do not** want life-sustaining treatment, including hydration and nutrition unless necessary for my comfort and alleviation of pain, to be provided or continued (1) if I am in an irreversible coma or persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. By “an irreversible coma,” I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires. \_\_\_\_\_ (**INITIALS**)*

Do you need to modify the foregoing language in any manner? (If so, please indicate):

Is there anything else about health care decisions we should know about?

**HUSBAND: Durable Power of Attorney for Management of Property and Personal Affairs**

Your Durable Power of Attorney is designed to give your agent the authority to access and manage any aspect of your personal life. Is there any area of your life you do not want to grant this management power or do you need to limit this power? If so please explain. Please note: your Power of Attorney will not have the power to change your will or trust.

In what order would you like your attorney-in-fact listed for your Durable Power of Attorney? It can be the same as your Advance Health Care Directive or it can be totally different people.

- 1) (spouse?)
- 2)
- 3)



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**WIFE: Advance Health Care Directive**

Your health care agent will make decisions for you if you are incapacitated and unable to do so for yourself. In what order would you like your agents listed? You must choose one, but you can choose two alternates as well:

- 1) (spouse?)
- 2)
- 3)

Do you want the Advance Health Care Directive to take effect immediately or only upon your incapacity? The default is usually upon one's incapacity, but if you want the power to spring with your first agent now to help with any current medical services, you may elect to have it effective immediately. Please select:

- Immediately Effective.
- Effective upon my incapacity.

Do you want to authorize your agent to donate your organs after your passing? Y/N. (If yes, any limitations of the gift?):

Do you have any desires for the disposition of your remains? (Cremation and/or any special instructions):

Have you made any Funeral/Memorial Arrangements? If so, please send us information concerning any contracts you have entered into, or describe to us the details including: contract number, location, and any other pertinent information:

Do you have a religious preference for any memorial service? (If so please indicate):

Would you authorize your agent to allow an autopsy? Y/N

"Do Not Resuscitate Order" – Do you agree and are you willing to initial this statement in the Advance Health Care Directive? Y/N

***END-OF-LIFE DECISIONS.** I recognize that modern medical technology has made possible the artificial prolongation of my life beyond natural limits. I **do not** wish to artificially prolong the process of my dying if continued health care will not improve my prognosis for recovery or otherwise enable me to live a productive and/or enjoyable life. Therefore, I **do not** want efforts made to prolong my life and I **do not** want life-sustaining treatment, including hydration and nutrition unless necessary for my comfort and alleviation of pain, to be provided or continued (1) if I am in an irreversible coma or*



*persistent vegetative state; or (2) if I am terminally ill and the use of life-sustaining procedures would serve only to artificially delay the moment of my death; or (3) under any other circumstances in which the burdens of the treatment outweigh the expected benefits. By "an irreversible coma," I mean a coma from which the treating physicians have reasonably concluded I will never regain consciousness. In making decisions about life-sustaining treatment under provision (3) above, I want my agent to consider the relief of suffering and quality of remaining life as well as the extent of the possible prolongation of my life. At the same time that I am signing this advance health care directive, I am entering my initials in the space immediately below this provision to show that I have read this provision and that it reflects my desires.*

Do you need to modify the foregoing language in any manner? (If so, please indicate):

Is there anything else about health care decisions we should know about?

**WIFE: Durable Power of Attorney for Management of Property and Personal Affairs**

Your Durable Power of Attorney is designed to give your agent the authority to access and manage any aspect of your personal life. Is there any area of your life you do not want to grant this management power or do you need to limit this power? If so please explain. Please note: your Power of Attorney will not have the power to change your will or trust.

In what order would you like your attorney-in-fact listed for your Durable Power of Attorney? It can be the same as your Advance Health Care Directive or it can be totally different people.

- 1) (spouse?)
- 2)
- 3)




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## Joint Living Trust & Wills

A Living Trust, also known as an “inter vivos” or “revocable” trust, holds title to assets for your benefit during your lifetime. When you pass away, your “successor trustee” will be in charge of distributing your assets according to your wishes. When used in conjunction with a Living trust, your Will decrees that any property not titled in the name of your Living Trust shall be directed to your Successor Trustee.

In what order would you like your Trustees/Executors listed?

- 1) (spouses?)
- 2)
- 3)

What is your Social Security number?

- Husband     \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
- Wife         \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Are either of you the trustee of any other trust? Y/N

Do either of you have any adopted children? Y/N

Do either of you have any children from a prior marriage? Y/N

Are there people either of you have raised from childhood who are not legally your children? Y/N

Other than your minor children, if any, are there any other family members or friends who are dependent upon either of you for support? Y/N

## Distribution

How do you want to distribute your assets when you pass away? For example, do you want to divide things equally between your children? Is there anyone you wish to disinherit? Are there specific heirlooms or items that you would like to go to specific people? Do you want to leave a gift for a church or charity? Please describe (feel free to use the back of this form if you need more space):



Do either of you own any firearms? Y/N

Do either of you have any pets? If so, who would you like them to go to?

When should your beneficiaries receive their gifts? Immediately? At age 30? Does it matter? Please explain:

Do any of your listed beneficiaries have special needs/disabilities? Y/N

If Yes, please explain:

Do any of your listed beneficiaries receive government benefits? Y/N

If Yes, please explain:

Are any of your listed beneficiaries under the age of 18? Y/N

Are all of your listed beneficiaries fiscally responsible enough to accept the gift you plan to give them? Y/N

Do any of your listed beneficiaries have creditor or marital issues? Y/N

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Name of Trust (Example: "The Hanson Family Trust"):

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Once your documents are signed, we will scan them and assemble them in an estate planning portfolio (included). We would like to know what color and style you would like. The style options are: 1) box style with your name in gold engraving on the spine (similar to corporate records), or 2) the very popular zipper style with you name laser inscribed on a name-plate (similar to a 3-ring binder, but very high-end, and has a zipper around the edges so no tossed-in papers fall out). Please select from the options below.



Styles:  Box style

Zipper Style

Color options:  Maroon  Blue

Maroon  Blue  Black

Please return to [merrill@merrillhanson.com](mailto:merrill@merrillhanson.com)

**THANK YOU!**