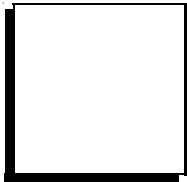
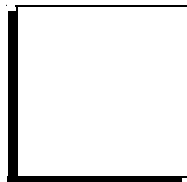
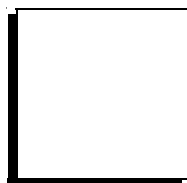
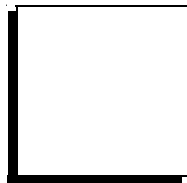
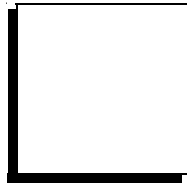
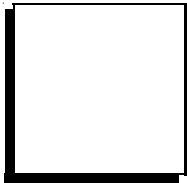


This sample plan was run utilizing an Illinois checklist and software to illustrate the state-specific features of Cowles' software. Your system would be specific for the state in which you practice - including fully integrated state-specific will attestation clauses, powers of attorney, health care directives, deeds, and community property agreements where applicable.

Drafting Checklist

Revocable Trust



Tutorial Checklist

FOR: *Joseph and Alice Jackson*

DATE COMPLETED: 4 / 11 / 06

CL

FILE PROCESSING CHECKLIST

ATTORNEY

Notes to remember for execution appointment: _____

Initial Review Completed

Revisions Needed? Yes No

Revisions Proofed? Yes No

Additional Revisions Needed? Yes No

Additional Revisions Proofed? Yes No

Plan All Okay - Ready For Signing

ASSISTANT

Open file

Enter data from checklist, proof prior to printing, print covers and envelopes, and print documents on copy paper. Prepare billfold cards and any other documents needed. Proofread all and make any necessary revisions. Route file to attorney for initial proof and signing of inspection letter.

No editing required

OR

Yes, editing required. Complete editing, proof, and return to attorney for proof. Repeat until no further edits are required.

If time allows: Mail copy of Articles I and II to client with inspection letter.

Date mailed: _____

If client requests edits, edit and approve with attorney. If no edits are requested, or when all edits are complete and approved by attorney, print documents on good bond paper. Run one set of copies on pre-punched paper and insert into Estate Organizer™ binder. Insert one set of copies into file as file copies.

Review entire plan carefully, including page by page review.

Give to attorney for final review.

Work needed after execution appointment: _____

REVOCABLE TRUST CHECKLIST

Shaded boxes on this page signify information required by the software. Other questions are to aid attorney in issue-spotting.

<small>(name or number) File Number:</small>	92664	<small>Automatically assigned by program Session Number:</small>	M	F	<small>Date of Signing:</small> 4/11/2006
TRUST NAME:	<input checked="" type="checkbox"/> Jackson <small>(or individual trust(s) first and last name of grantor)</small>		TRUST dated: 4/11/06		
	<input type="checkbox"/> Other: _____		TRUST dated: _____		
	<input type="checkbox"/> Other: _____		TRUST dated: _____		
<input checked="" type="checkbox"/> Joint Trust <input type="checkbox"/> Ind. Trust(s)		GRANTOR/MALE	GRANTOR/FEMALE		
NAME:	<input type="checkbox"/> use sign by mark language & no initial lines <input checked="" type="checkbox"/> no initial lines Joseph P. Jackson		<input type="checkbox"/> use sign by mark language & no initial lines <input checked="" type="checkbox"/> no initial lines Alice A. Jackson		
A/K/A:	Joe Jackson				
SPOUSE'S NAME:					
<i>Needed only if one individual trust is being created and grantor is married. Enter only in Enter Merge - not in Client Information.</i>					
FOR SALUTATION USE:	<input type="checkbox"/> First Name(s) <input type="checkbox"/> Mr., Mrs., Ms. <input checked="" type="checkbox"/> Other: Joe and Alice				
ADDRESS/CITY/STATE/ZIP:	345 W. Oak Lane				
COUNTY:	Anycounty				
EMAIL:	jjackson@cta.net		ajackson@cta.net		
SOCIAL SECURITY #:	642-51-8096		651-38-2518		
DATE OF BIRTH:	February 18, 1959		October 8, 1960		
TELEPHONE: Home/Office/Cell	768-232-5618		768-232-5618		
MARRIAGE: Married before?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, marriage ended in:	<input type="checkbox"/> Death <input type="checkbox"/> Divorce		<input type="checkbox"/> Death <input type="checkbox"/> Divorce		
SIGNED COMMUNITY PROPERTY AGREEMENTS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, as follows:				
HEALTH: Any concerns?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, as follows:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, as follows:		
TOTAL SIZE OF ESTATE:	\$400,000				
U.S. CITIZEN? If no, select QDOT phrase on page 7.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CHILDREN: Joint # <u>4</u>	Number: _____		Number: _____		
<small>Any not of this marriage?</small>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<small>Any disabled or in poor health?</small>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
REMAINDER BENEFICIARIES: (First Name, MI, Last)					
		Relationship	Date of Birth		
<i>(Do not list supplemental needs trust lifetime beneficiary(ies) here.)</i>					
Angela M. Jackson		Daughter	Jan 22, 1989		
Timothy W. Jackson		Son	March 5, 1991		
Thomas J. Jackson		Son	August 17, 1993		
<input type="checkbox"/> See attached list or estate planning worksheet.					
NOTE: If separate beneficiaries, make separate lists to indicate male's beneficiaries and female's beneficiaries.					
Attorney: FJB Notary: BPN Notary Expiration: 6/20/07 Data Entry by: BPN					

TRUST APPOINTMENTS

Complete only Page 2 if all appointments will be consistent. Then skip to Page 4. If appointees vary, insert each appointee's name on Page 3. If co-appointments are named in any category below, the following options are available regarding who should act if a named appointee cannot act:

- 1) If co-appointee is not available, remaining co-appointee to act alone. (Select ACT box on screen)
- 2) If co-appointee is not available, _____ to act in place of unavailable appointee.

NOTE: If 2) is desired, enter name on line next to 2), below.

If neither 1) nor 2) is selected, then language will name appointees listed in the next letter to act if **all** original appointees do not act.

(NOTE: For joint trusts, list trustee appointment(s) under Joint column only.)

PRIMARY TRUSTEE

For individual trust, do you want the spouse to be co-primary trustee?

If yes is selected and "Replicate Throughout" is chosen below, spouse will, primary agent in power of attorney, guardian, and testamentary

Three options are available if co-trustees are named and one is unable or unwilling to act.

1) The remaining trustees may act.

2) An alternate-whose name is inserted in the blank-acts in the place of the originally named co-trustee.

3) If neither 1 nor 2 are selected, then if all named co-trustees cannot act, then the alternate(s) named in the next 'lettered' line will act instead.

GRANTOR (Male) or JOINT TRUST

SUCCESSOR

A. *Aaron T. Thompson and Debra S. Thompson*

Address: *8741 Farber St., Anycity, Anystate 62764*

- 1) Remaining co-appointee to act alone
 2) _____ to act

B. *Gerald Brookings*

Address: *5393 Cameron St., Anycity, Anystate 02928*

- 1) Remaining co-appointee to act alone
 2) _____ to act

C. *First Trust Company*

Address: *460 Main St, Anycity, Anystate 02928*

- 1) Remaining co-appointee to act alone
 2) _____ to act

D. _____

Address: _____

- 1) Remaining co-appointee to act alone
 2) _____ to act

Address: _____

- 1) Remaining co-appointee to act alone
 2) _____ to act

C. _____

Address: _____

- 1) Remaining co-appointee to act alone
 2) _____ to act

D. _____

Address: _____

Trustee appointments may be 'Replicated Throughout', to automatically appoint those named as trustees, as personal representative(s) in wills, agents in powers of attorney, health care directives, and as trustee(s) of minors, credit shelter or other trusts. Software is intelligent enough to adjust appointments to name the spouse as first appointee in wills, powers of attorney etc., if a joint trust is used.

- Replicate Throughout (If selected, system automatically enters spouse will be named as first appointee where appropriate. If Replicate Throughout and then change the names of the specific appointees.)
 Other (Enter appointment names as desired on Page 3)
 Insert addresses from Estate Planning Worksheet

In individual trusts, if spouse is named in A and checklist selection is made, if the trust is a testamentary trust is only funded if neither spouse survives or check shelter trust) appointments will be moved up.

GUARDIAN *Guardianship appointments do not offer option 2) naming an alternate co-guardian residing at a different address to act as alternate co-guardian.*

- A. *Aaron T. Thompson and Debra S. Thompson* 1)
 B. *Gerald Brookings* 1)
 C. _____ 1)
 D. _____ 1)

- A. _____ 1)
 B. _____ 1)
 C. _____ 1)
 D. _____ 1)

TESTAMENTARY TRUSTEE

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

A/B/C TRUSTEE *Trustee named here may be automatically adjusted by software based on phrase selections made under 270 phrases (e.g., whether spouse will act as co-trustee).*

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

PERSONAL REPRESENTATIVE

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

POWER OF ATTORNEY

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

HEALTH CARE DOCUMENTS *Health Care Documents do not allow options for alternates if one co-appointee cannot act since state statutory health care documents do not provide for these variables and revising documents may jeopardize statutory protections.*

- A. Alice A. Jackson
- B. Ronald T. Jackson
- C. Sarah A. Jackson
- D. _____

- A. Joseph P. Jackson
- B. Aaron T. Thompson
- C. Gerald Brookings
- D. _____

SUPPLEMENTAL NEED TRUST

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

- A. _____
 1) 2) _____ to act
- B. _____
 1) 2) _____ to act
- C. _____
 1) 2) _____ to act
- D. _____
 1) 2) _____ to act

Typically, little will be completed on this page, since typically appointments will be the same as trustee(s) named on the previous page, and will automatically be carried to these appointments.

This page allows the drafter to adjust appointments that are different. This will most typically apply to guardians and health care agents, who may be different than those managing financial affairs.

When completing checklists:

For **Male Individual Trust**, select numbers in left column.

For **Female Individual Trust** or **Joint Trust**, select numbers in right column.

ARTICLE ONE - MANAGEMENT PROVISIONS

If Individual Trusts for Husband and Wife, the phrases for each are Same Unique Ind. Male # Ind. Female/ Joint #

TITLE: INTRODUCTORY SENTENCE *Automatically Selected*

TRUSTEE(S): * MANDATORY

Trustee(s) with power to use assets:	30.01	(30.01)
A. exclusively for grantor(s) during lifetime	A	A
B. for grantors and including allowance to use trust for dependents (to age of majority)	B	B
C. for grantors and including allowance to use trust for beneficiaries/children listed on page 1 or: _____	C	(C)

If an SNT beneficiary exists, s/he won't be included if 30.01C is selected, since the SNT beneficiary is not listed under beneficiaries on page 1. This prevents potential distributions from compromising eligibility for public benefits. If the SNT beneficiary should be included, his/her name may be inserted by listing beneficiaries to be included in the blank.

CO-TRUSTEES' POWER TO DELEGATE: All Co-Successor Trustees can appoint one of them	43.01	43.01
---------------------------------------------------------------------------------------------	-------	-------

TRUSTEE AUTHORITY TO RESIGN:	44.01	(44.01)
-----------------------------------------------	-------	---------

BENEFICIARY TO APPOINT SUCCESSOR: If no named Successor Trustee able to act:	50.01	50.01
A. majority of adult beneficiaries to appoint a	A	A
B. majority of all beneficiaries to appoint; minor's guardian may vote	B	B
C. _____ to appoint successor	C	C

COMPENSATION FOR TRUSTEE(S): * MANDATORY

Without compensation	60.01	60.01
With reasonable compensation	60.02	(60.02)
With compensation as follows: _____	60.03	60.03
Corporate trustee compensation per trustee's current fee schedule	60.04	60.04

TRUSTEE(S) BOND: *Bond selection here will be applied to all other trusts created on this checklist.* * MANDATORY

Bond waived	70.01	(70.01)
Bond required**	70.02	70.02

**Bond may be difficult to obtain.

ARTICLE ONE CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #
TRUSTEE(S) ACCOUNTING:		* <i>MANDATORY</i>
Accounting to court waived but accounting to beneficiaries at least annually required . . .	80.01	80.01
Accounting waived	80.02	80.02
Accounting to court waived but accounting to beneficiaries every ____ months required	80.03	80.03
Accounting to court and beneficiaries waived, but accounting to _____ every _____ months required	80.04	80.04
PRIMARY BENEFICIARY(IES):	<i>(90.01 - Automatically selected)</i>	

ARTICLE TWO - PLAN OF DISTRIBUTION

ESTATE TAX PROVISIONS UPON FIRST SPOUSE'S DEATH

If estate tax planning is not desired, proceed to phrase 290.

"A" share is marital deduction, "B" share is non-marital, and "C" share is QTIP Trust.

When 5&5 provisions are utilized, amount of 5&5 in year of death will be included in decedent's estate. (IRC § 2041(a)(2). See Kurz, Ethel Est., (1993) 101 T.C. No. 3)

	Ind. Male #	Ind. Female/ Joint #
FUNDING OPTIONS:		
All to spouse with right of disclaimer to non-marital share:	270.01	270.01
Pecuniary Formula - Mandatory Funding:	270.02	270.02
Pecuniary Options:		
A. Pecuniary Non-Marital	A	A
B. Pecuniary Marital	B	B
C. Pecuniary Marital - Funding of Marital Share first, to extent needed to fund spouse to applicable exclusion amount, including spouse's own assets	C	C
Limit non-marital share to maximum amount allowed without creating state death tax in state of residence. <i>CAUTION: Selecting 'Yes' may underfund the non-marital share and ultimately create federal estate tax on the second estate. Selecting 'No' may create state estate tax BUT beneficiaries could disclaim to delay or eliminate state estate tax.</i>	⇒ Yes/No	⇒ Yes/No
Pecuniary Valuation Formulas:		
AA. Distribution Date	AA	AA
BB. Estate Tax Value with Fair Representation Clause	BB	BB
CC. Estate Tax Value - Minimum Worth Test	CC	CC
Fractional Share Formula - Mandatory Funding:	270.03	270.03
Limit non-marital share to maximum amount allowed without creating state death tax in state of residence. <i>CAUTION: Selecting 'Yes' may underfund the non-marital share and ultimately create federal estate tax on the second estate. Selecting 'No' may create state estate tax BUT beneficiaries could disclaim to delay or eliminate state estate tax.</i>	⇒ Yes/No	⇒ Yes/No
NON-MARITAL SHARE: (Trust or Outright Distribution Options)	270.04	270.04
A. Credit Shelter Trust:		
1. Special trustee (Spouse as co-trustee)	1	1
2. Income and 5&5 to spouse (Spouse as co-trustee); Special trustee discretion on balance of principal	2	2
3. Trustee discretion (Spouse not a trustee)	3	3
4. Ascertainable standard for spouse's benefit (Spouse is sole trustee)	4	4
5. Ascertainable standard for benefit of spouse and issue (Spouse is sole trustee)	5	5
B. Outright Distribution: Same plan of distribution as net proceeds of revocable trust		

Phrase specific substantive legal help is available in software to allow the drafter to access citations, examples, and drafting guidance with the click of a mouse – making estate tax and other drafting decisions easy.

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #
<p>MARITAL DEDUCTION SHARE: (Trust or Outright Distribution Options)</p> <p><i>Not available if 270.01 was selected since 270.01 assumes marital share distributed to spouse or retained in joint trust.</i></p> <p><i>WARNING: Pursuant to the Taxpayer Relief Act of 2001, transfers FROM a QTIP or marital deduction trust TO remainder beneficiaries will NOT qualify for any step-up in basis. (The \$1,300,000 allowance available on distributions directly from decedent will be lost.) Transfers TO a QTIP or marital deduction trust will qualify for step-up in basis as if distribution was outright to spouse.</i></p> <p>A. QTIP Trust:</p> <p>Should spouse be added as co-trustee? (N/A if spouse is sole trustee per page 3.) ⇒</p> <p>Add language to provide for distribution of greater of income or minimum distribution amount when the trust is named as beneficiary of tax-favored retirement plan(s)? ⇒</p> <p>Should trustee discretion be added to divide to QTIP and Reverse QTIP for GST? ⇒</p> <p>Should QDOT provisions be included? ⇒</p> <p>B. Marital Deduction Trust with Power of Appointment to Spouse:</p> <p>Should the surviving spouse be added as co-trustee? (N/A if spouse is sole trustee per page 3.) ⇒</p> <p>Add language to provide for distribution of greater of income or minimum distribution amount when the trust is named as beneficiary of tax-favored retirement plan(s)? ⇒</p> <p>Should QDOT provisions be included? ⇒</p> <p>C. Outright Distribution: Remains in joint trust or goes outright to spouse from individual trust.</p> <p><i>NOTE: If co-trustees' power to delegate to one trustee (phrase 43.01) was chosen, delegation powers will be inserted into the marital deduction and QTIP trust provisions.</i></p>	<p>270.05</p> <p>A</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>B</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>C</p>	<p>270.05</p> <p>A</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>B</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>⇒ Yes/No</p> <p>C</p>
<p>Accounting Options in A, B & C Trusts:</p> <p>Without accounting</p> <p>With accounting to:</p> <p>A. Income beneficiaries during lifetime; Remainder beneficiaries upon distribution</p> <p>B. Income & Remainder beneficiaries</p> <p>C. Income beneficiaries only</p>	<p>Without</p> <p>With</p> <p>A</p> <p>B</p> <p>C</p>	<p>Without</p> <p>With</p> <p>A</p> <p>B</p> <p>C</p>
<p>Compensation Options in A, B & C Trusts:</p> <p>Without compensation</p> <p>With reasonable compensation</p> <p>With compensation as follows: _____</p> <p>Corporate trustee compensation per trustee's current fee schedule</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p>
<p>Should any distribution be made outright prior to the above 'estate tax planning' distributions? If yes:</p> <p>_____ % to _____ or if predeceased to _____;</p> <p>Balance as provided above.</p>	<p>⇒ Yes/No</p>	<p>⇒ Yes/No</p>

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #			
PLAN OF DISTRIBUTION / PAYMENT OF EXPENSES: * MANDATORY					
<i>In joint trust, these provisions apply after death of 2nd spouse.</i>					
All Debts	290.01	290.01			
All Debts except any property taken subject to debt as follows: _____	290.02	290.02			
All Debts paid by trust - no apportionment to specific beneficiaries	290.03	290.03			
<i>*Use of this phrase may require calculation of tax on the taxes paid.</i>					
Prohibit trustee(s) from using retirement benefits to pay taxes, debts, or expenses.	⇒ Yes/No	⇒ Yes/No			
IDENTIFICATION:					
Children; After-born children to be included; Child Page 1 or _____	300.01 ⇒ P.1/Other	300.01 ⇒ P.1/Other			
Children; No reference to after-born children; Child Page 1 or _____	300.02 ⇒ P.1/Other	300.02 ⇒ P.1/Other			
Phrase options include selections to comply with requirements if the trust is to be named the beneficiary of an IRA.					
⇒ In individual trust for married person, add identification of spouse	⇒ Yes/No	⇒ Yes/No			
<i>NOTE: On Specific Gifts, 305.01 may be used alone, or in conjunction with 306.01. 307.01 may be used if alternate beneficiary will vary with each beneficiary.</i>					
SPECIFIC GIFTS WITH NO ALTERNATE BENEFICIARY: (or with all the same alternate)					
I/We give _____ to _____ or <input type="checkbox"/> see attached sheet	305.01	305.01			
<table border="0" style="width:100%"> <tr> <td style="width:50%">Gift</td> <td style="width:30%">Beneficiary</td> <td style="width:20%;"></td> </tr> </table>			Gift	Beneficiary	
Gift	Beneficiary				
A. <u>Alice's Wedding Ring</u>	<u>Angela M. Jackson</u>	A (A)			
B. _____	_____	B (B)			
C. _____	_____	C (C)			
⇒ Specific gift to spouse with distribution above only effective if spouse predeceases. ⇒ Yes/No ⇒ Yes/No					
<i>For individual trust(s) only.</i>					
<input type="checkbox"/> See attached page for additional specific gifts.					
ALTERNATE FOR SPECIFIC GIFTS WHERE ALTERNATE IS THE SAME ON ALL:					
<i>Use only with 305.01.</i>					
A. Issue by representation	A	A (A)			
B. Part of net proceeds	B	B (B)			
C. To be given to: _____	C	C (C)			
SPECIFIC GIFTS WITH ALTERNATE BENEFICIARY:					
I/We give _____ to _____ or <input type="checkbox"/> see attached sheet					
<table border="0" style="width:100%"> <tr> <td style="width:50%">Beneficiary</td> <td style="width:30%">Alternate beneficiary</td> <td style="width:20%;"></td> </tr> </table>			Beneficiary	Alternate beneficiary	
Beneficiary	Alternate beneficiary				
A. _____	_____	A (A)			
(gift) _____	_____	A (A)			
B. _____	_____	B (B)			
(gift) _____	_____	B (B)			
C. _____	_____	C (C)			
(gift) _____	_____	C (C)			
⇒ Specific gift to spouse with distribution above only applicable if spouse predeceases. ⇒ Yes/No ⇒ Yes/No					
<i>For individual trust(s) only.</i>					
<input type="checkbox"/> See attached page for additional specific gifts.					

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #
OPTION TO PURCHASE FARM, BUSINESS OR OTHER ASSET	311.01	311.01
Name of Option Recipient: _____		
<i>Editing required if more than one recipient named, to clarify issues if they disagree, divorce, etc. Naming only one primary option recipient is preferable. Contingent optionees may be named below.</i>		
⇒ In individual trust(s), should option be given ONLY if spouse does not survive?	⇒ Yes/No	⇒ Yes/No
Property Subject to Option: (Select one or more)		
Real Estate:		
A. All	A	A
B. The following-described real estate: <input type="checkbox"/> See attached <input type="checkbox"/> Other as follows: _____	B	B

Option Price or Method of determining price: (Select one)		
A. Price of \$ _____	A	A
B. By appraisal, with appraiser selected by: <input type="checkbox"/> successor trustee <input type="checkbox"/> other	B	B
C. Other: _____	C	C
D. Fair market value on most recent property tax bill	D	D
Farm Personal Property:		
Option Price or Method of determining price: (Select one)		
A. Price of \$ _____	A	A
B. By appraisal, with appraiser selected by: <input type="checkbox"/> successor trustee <input type="checkbox"/> other	B	B
C. Other: _____	C	C
Business Assets: Name of Business: _____		
Option Price or Method of determining price: (Select one)		
A. Price of \$ _____	A	A
B. By appraisal, with appraiser selected by: <input type="checkbox"/> successor trustee <input type="checkbox"/> other	B	B
C. Other: _____	C	C
Other: _____		
Option Price or Method of determining price: (Select one)		
A. Price of \$ _____	A	A
B. By appraisal, with appraiser selected by: <input type="checkbox"/> successor trustee <input type="checkbox"/> other	B	B
C. Other: _____	C	C

Could the optionee and the successor trustee be the same person?	Yes/No	Yes/No

Should share of option recipient in net proceeds of trust be applied first to purchase price? (Select No if option recipient is not a beneficiary of net proceeds.)	Yes/No	Yes/No

Payment:		
A. Cash at closing	A	A
B. Pursuant to the following terms:	B	B
Interest rate: (Select one)		
A. lowest to avoid I.R.C. imputed interest	A	A
B. interest at _____%	B	B
C. other: _____	C	C
Amortization period: _____		
Balloon payment:		
A. after _____	A	A
B. no balloon	B	B

Contingent Optionees:		
A. None	A	A
B. In the following order: _____	B	B

Should the option be exercised in part, or must the option be exercised in its entirety?	Part/All	Part/All
If Part, option price shall be determined as follows: _____		

Option provisions make it much easier to draft the plan to protect a beneficiary who has been active in a family business, potentially helping to build values.

If a specific gifts phrase is selected, software will automatically generate a separate specific gifts form, either with or without witness lines depending upon the phrase selected here.

ARTICLE TWO CONTINUED . . .

SPECIFIC GIFTS: When phrase 320.01 or 320.02 is selected, software will produce a specific gifts form. CAUTION: Use of this form could promote self-amendment and require you to redate the entire document.

Witnessing on Specific Gifts form required	320.01	<input checked="" type="radio"/> 320.01
Witnessing on Specific Gifts form not required (To be used where statute allows, or when client does not care if provisions of Specific Gifts form are not legally binding.)	320.02	<input type="radio"/> 320.02
⇒ In individual trust for married person, specific gifts form is only effective if the spouse does not survive. This only applies to individual trust(s).	⇒ Yes/No	⇒ <input type="radio"/> Yes/ <input type="radio"/> No
TRUSTEE DISCRETION ON PERSONAL PROPERTY:		
Trustee discretion to divide personal property:	330.01	<input checked="" type="radio"/> 330.01
A. Between children/beneficiaries or issue by representation:	A	<input checked="" type="radio"/> A
B. Between surviving children/beneficiaries:	B	<input type="radio"/> B
* NOTE: If all children are not named as beneficiaries, select 'beneficiaries' rather than 'children', to eliminate potential for contest by unnamed child due to reference to 'children'.		
*Refer to Children or Beneficiaries?	⇒ Ch/Ben	⇒ <input checked="" type="radio"/> Ch/ <input type="radio"/> Ben
If Beneficiaries, those named on Page 1 or: _____	⇒ P.1/Other	⇒ <input type="radio"/> P.1/ <input type="radio"/> Other
⇒ Provisions for minor	⇒ Yes/No	⇒ <input checked="" type="radio"/> Yes/ <input type="radio"/> No

Private auction, with notice to:	330.02	<input type="radio"/> 330.02
A. Children/beneficiaries or issue by representation:	A	<input type="radio"/> A
B. Surviving children/beneficiaries:	B	<input type="radio"/> B
* NOTE: If all children are not named as beneficiaries, select 'beneficiaries' rather than 'children', to eliminate potential for contest by unnamed child due to reference to 'children'.		
*Refer to Children or Beneficiaries?	⇒ Ch/Ben	⇒ <input type="radio"/> Ch/ <input type="radio"/> Ben
If Beneficiaries, those named on Page 1 or: _____	⇒ P.1/Other	⇒ <input type="radio"/> P.1/ <input type="radio"/> Other
⇒ Provisions for minor	⇒ Yes/No	⇒ <input type="radio"/> Yes/ <input type="radio"/> No

Trustee to distribute personal property to: _____	330.03	<input type="radio"/> 330.03
If primary beneficiary doesn't survive, then to: _____		
⇒ Provisions for minor	⇒ Yes/No	⇒ <input type="radio"/> Yes/ <input type="radio"/> No

⇒ In individual trust for married person, personal property to spouse if spouse survives, with the above distribution only effective if spouse does not survive. This only applies to individual trust(s).	⇒ Yes/No	⇒ <input type="radio"/> Yes/ <input type="radio"/> No
SUPPLEMENTAL NEEDS TRUST:		
Supplemental needs trust created within this revocable trust	340.01	<input type="radio"/> 340.01
A. Supplemental needs trust(s) funded with 100% of net proceeds of revocable trust	A	<input type="radio"/> A
B. Supplemental needs trust(s) funded with part of net proceeds of revocable trust	B	<input type="radio"/> B
Balance per 350--- phrase "proceeds remaining".		
*Proceed to Addendum A: Supplemental Needs Trust for SNT phrase options.		
Assets poured over to supplemental needs trust existing outside of this revocable trust	340.02	<input checked="" type="radio"/> 340.02
A. Supplemental needs trust(s) funded with 100% of net proceeds of revocable trust	A	<input type="radio"/> A
B. Supplemental needs trust(s) funded with part of net proceeds of revocable trust	B	<input checked="" type="radio"/> B
Balance per 350--- phrase "proceeds remaining".		
*Proceed to Addendum B: Poulover SNT for SNT phrase options.		
*Addendum checklists may be downloaded from the Members Only area of our web page at www.cowleslegal.com .		

NOTE: Throughout this checklist, if the blank does not contain names of beneficiaries, the information is assumed to come from page one (remainder beneficiaries).

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female /Joint#
PROCEEDS REMAINING	* MANDATORY	
Children/Beneficiaries equally. If child/beneficiary predeceased, to:	350.01	350.01
A. Issue by representation. If no issue, to other children/beneficiaries or their issue	A	A
B. Surviving children/beneficiaries equally. (<i>Do not use with sole child/beneficiary.</i>)	B	B
C. Issue by representation in trust. If no issue, to other children/beneficiaries or issue in trust	C	C
AA. Separate trusts	Separate	Separate
BB. One common trust	Common	Common
* <i>NOTE: If all children are not named as beneficiaries, select 'beneficiaries' rather than 'children', to eliminate potential for contest by unnamed child due to reference to 'children'.</i>		
Refer to Children or Beneficiaries? (<i>Reference applies to outright beneficiaries.</i>)	⇒ Ch/Ben	⇒ Ch/Ben
If Children, list those named on Page 1 or do not specifically name children	⇒ P.1/No	⇒ P.1/No
If Beneficiaries, those named on Page 1 or _____	⇒ P.1/Other	⇒ P.1/Other
<i>If SNT is utilized and SNT beneficiary is grantor(s)' child, only 'beneficiaries' option will be offered here since not all children would be included in this phrase.</i>		
If phrase 340 SNT is selected: If neither beneficiary (nor issue if applicable) survive, should SNT(s) or issue of SNT beneficiary(ies) be included as a contingent beneficiary?	Yes/No	Yes/No

50% to husband's issue by representation & 50% to wife's issue by representation	350.02	350.02

50% to husband's surviving children & 50% to wife's surviving children	350.03	350.03

Distributed as follows: _____	350.04	350.04
(Optional) If _____ predeceased, then to: _____		

Given to: _____	350.05	350.05
(Optional) Alternate: _____		

Given to testamentary trustee for:	350.06	350.06
A. Separate trusts	Separate	Separate
B. One common trust	Common	Common
C. Trust for sole beneficiary: _____	Sole	Sole
If sole beneficiary does not survive, to sole beneficiary's issue by representation?	⇒ Yes/No	⇒ Yes/No

Part outright as follows: _____	350.07	350.07
_____;		
Remainder to testamentary trustee for:		
A. Separate trusts	Separate	Separate
B. One common trust	Common	Common
C. Trust for sole beneficiary: _____	Sole	Sole
If sole beneficiary does not survive, to sole beneficiary's issue by representation?	⇒ Yes/No	⇒ Yes/No

⇒ Proceeds remaining all to surviving spouse outright, with the above distribution only effective if spouse does not survive. <i>Applies only to individual trusts(s) when no 270 phrase is selected.</i>	⇒ Yes/No	⇒ Yes/No
If Testamentary Trust is not applicable, proceed to P. 14 following "End of Testamentary Trust Section".		

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/Joint #
TESTAMENTARY TRUST PROVISIONS If phrase 350.01C, 350.06 or 350.07 is selected, then testamentary trust provisions are mandatory.		
TESTAMENTARY TRUST BENEFICIARIES: <i>(N/A to 350.01C - Beneficiaries already selected in 350 phrase. Proceed to 460 or beyond.)</i>		
For children/named beneficiaries or issue:	450.01	450.01
Use terminology Children or Beneficiaries? ⇒ Ch/Ben		⇒ Ch(Ben)
If Beneficiaries, those named on Page 1 or: _____ ⇒ P.1/Other		⇒ P.1/Other
For surviving children/named beneficiaries:	450.02	450.02
Use terminology Children or Beneficiaries? ⇒ Ch/Ben		⇒ Ch/Ben
If Beneficiaries, those named on Page 1 or: _____ ⇒ P.1/Other		⇒ P.1/Other
* For grandchildren by representation or issue of deceased grandchild	450.03	450.03
* For surviving grandchildren, per capita	450.04	450.04
One sole beneficiary <i>Autoselected with 350.06C or 350.07C.</i>	450.05	450.05
* <i>NOTE: When distributions skip generations, determine if GST issues should be addressed. (Phrase 700.01) (IRC § 2631)</i>		
If phrase 340 SNT is selected: If neither beneficiary (nor issue if applicable) survive, should SNT(s) or issue of SNT beneficiary(ies) be included as a contingent beneficiary? ⇒ Yes/No		⇒ Yes/No
DIVISION INTO SEPARATE TRUSTS: <i>(Available only when common trust exists first.)</i> When youngest surviving child/beneficiary reaches age of majority (or _____), divide into separate trusts:	460.01	460.01
DISTRIBUTION DURING TRUST EXISTENCE:		
Discretionary payments of INCOME:	470.01	470.01
A. AND principal	A	A
B. NO principal	B	B
C. Principal ONLY if special needs arise	C	C
Required to pay ALL INCOME:	470.02	470.02
A. NO principal	A	A
B. Principal ONLY if special needs arise	B	B
C. Principal discretionary	C	C
NO DISTRIBUTION:	470.03	470.03
A. Principal and income ACCUMULATE	A	A
B. Principal and income ACCUMULATE <i>(unless special needs arise)</i>	B	B
ADVANCEMENTS ALLOWED: <i>Not available if 470 phrase prohibits distribution of principal or income.</i>	475.01	475.01
TESTAMENTARY TRUST SPENDTHRIFT PHRASE:	480.01	480.01
DISTRIBUTION: <i>When one common trust is used, distribution will be when youngest trust beneficiary reaches designated age.</i>		
Distribute at:	490.01	490.01
A. All at age _____	A	A
B. ½ at age <u>25</u> and ½ at age <u>30</u>	B	B
C. 1/3 at age _____, 1/3 at age _____, and 1/3 at age _____	C	C

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #
DISTRIBUTION (continued):		
* Distribute at death of beneficiary:	490.02	490.02
A. To beneficiary's issue by representation (Recommended with 350.01C, 450.01, or 450.03) If no issue, as follows: _____	A	A
B. To beneficiary's surviving siblings (Recommended with 450.02 for child or 450.04) If no surviving siblings, as follows: _____	B	B
C. As follows: (Recommended with trust for sole beneficiary or 450.02 for beneficiary) _____	C	C
* <i>Since common trust would continue for other beneficiaries even if one beneficiary passed away, these phrases are not available when one common trust is used, unless phrase 460. __ is selected, dividing common trust into separate trusts.</i>		
DISTRIBUTION IF BENEFICIARY AND CONTINGENT BENEFICIARY(IES) PREDECEASED PRIOR TO TERMINATION OF TRUST:		
<i>Not applicable with phrase 490.02 since that phrase provides that the trust terminates upon beneficiary's death.</i>		
To grantor(s)' heirs at law (if two grantors, 50% to heirs at law of each)	500.01	500.01
To: _____	500.02	500.02
As follows: _____	500.03	500.03
CO-TESTAMENTARY TRUSTEES' POWER TO DELEGATE TO ONE TESTAMENTARY TRUSTEE:		
	522.01	522.01
TESTAMENTARY TRUSTEE(S) ACCOUNTING OPTIONS:		
Accounting to court waived/Accounting to beneficiaries required:	530.01	530.01
A. annually	A	A
B. every _____ months	B	B
Accounting waived	530.02	530.02
Accounting to court and beneficiaries waived; Accounting to _____ every _____ months required	530.03	530.03
Accounting to court required	530.04	530.04
TESTAMENTARY TRUSTEE(S) COMPENSATION OPTIONS:		
Without compensation	535.01	535.01
With reasonable compensation	535.02	535.02
With compensation as follows: _____	535.03	535.03
Corporate trustee compensation per trustee's current fee schedule	535.04	535.04
AUTHORIZATION TO TERMINATE SMALL TESTAMENTARY TRUST:	536.01	536.01

ARTICLE TWO CONTINUED . . .	Ind. Male #	Ind. Female/ Joint #
CONSOLIDATION OF TRUSTS WITH IDENTICAL TERMS INTO ONE TRUST: <i>Use only if testamentary trusts with identical terms may be created with provisions selected (e.g., testamentary trust created under the credit shelter and living trust(s), or if life insurance trust contains testamentary trust with identical terms).</i>	538.01	538.01
END OF TESTAMENTARY TRUST SECTION		
IF ALL BENEFICIARIES PREDECEASE:		
Grantor(s)' heirs at law (if two grantors, 50% to heirs at law of each)	540.01	540.01
To: _____	540.02	540.02
As follows: _____	540.03	540.03
RULE AGAINST PERPETUITIES - TIME LIMITATIONS PHRASE:	548.01	548.01
GUARDIAN(S): <i>If any guardian phrase is used in the trust, a similar phrase will be inserted into the pourover will.</i>	550.01	550.01
GUARDIAN'S BOND:		
Bond waived	555.01	555.01
Bond required	555.02	555.02
SUB S ELECTION. TRUSTEE POWER TO MAINTAIN:	557.01	557.01
DISINHERITANCE:		
I/We have consciously not named: _____	560.01	560.01
General disinheritance	560.02	560.02
NO CONTEST PHRASE: <i>If no contest phrase is used in the trust, a similar phrase will be inserted into the pourover will.</i>	570.01	570.01
SURVIVORSHIP PHRASE:		
Earlier of 30 days or distribution	590.01	590.01
Earlier of _____ days or distribution	590.02	590.02
_____ days		_____ days
30 days_____ 45 days_____ 60 days_____	590.03	590.03
_____ days		_____ days
PRESUMPTION OF DEATH:		
Simultaneous death presumed	600.01	600.01
Wife presumed to predecease	600.02	600.02
Husband presumed to predecease	600.03	600.03
ADMINISTRATION OF GENERATION SKIPPING TRUSTS: <i>Select if beneficiary is skip person. Autoselected if reverse QTIP is chosen under 270.05.</i>	700.01	700.01
END OF ARTICLES 1 & 2 AND INSERTION OF STANDARD ARTICLES 3 - 5		

ASSET TRANSFER DOCUMENTS MENU

If Husband and Wife INDIVIDUAL Trusts, for each asset transfer document chosen below:

- Each transfer document is assigned to: His Trust Her Trust Both Trusts as Tenants in Common
 Assignee will vary - prompt individually (complete His/Her/Both selections below)

For joint trust, all asset transfers selected will be to the trustees of the joint trust.

His/Hers/Both selections below are only required when 2 individual trusts are prepared and assignee varies.

His Hers Both

Information
Forthcoming

A	Business Assets Assignments Assignors: <u>Joseph and Alice</u> Name of Business: <u>ABC Widgets</u> <input type="checkbox"/> Agreement restricting transfer needs to be revised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓					
B	<input type="checkbox"/> Closely Held Stock Assignment <input type="checkbox"/> LLC Assignment Assignors: _____ # of Shares: _____ Corp./LLC Name: _____ President/Managing Member name: _____ <input type="checkbox"/> Agreement restricting transfer needs to be revised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Farm Assets Assignment Assignors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Promissory Note Assignment Assignors: _____ Date of Note: _____ Note is from _____ Original: \$ _____ <input type="checkbox"/> Take info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Note and Mortgage Assignment (See attached for county, state, and le Assignors: _____ Date of Mtg: _____ Date of No From: _____ To: _____ Original: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Contract Assignment (Contract for Deed; Land Contract) Grantor is: <input type="checkbox"/> Purchaser <input type="checkbox"/> Vendor <i>(See attached for assignors, date of contract, original amount of contract, name of other parties, method of holding title, county, state, and legal description.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Promissory Note <i>(To create a note when no written document exists for outstanding loans.)</i> From: _____ To: _____ Amount: _____ Payment: _____ Interest Rate: _____ Payment Date: _____ Signing Date: _____ Month and Year Payment Begins _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Quit Claim Deed <input type="checkbox"/> Two originals of deeds requested <input type="checkbox"/> Send affidavit to mortgage holder <i>(applicable when mortgage is on homestead and due-on-sale clause exists in mortgage)</i> Mortgage outstanding with: _____ (name and address of mortgage holder) <input type="checkbox"/> Include MINI-CERTIFICATE with legal description for recording purposes. <input type="checkbox"/> Include COVER PAGE with legal description to attach to Certificate for recording purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Warranty Deed <input type="checkbox"/> Two originals of deeds requested <input type="checkbox"/> Send affidavit to mortgage holder <i>(applicable when mortgage is on homestead and due-on-sale clause exists in mortgage)</i> Mortgage outstanding with: _____ (name and address of mortgage holder) <input checked="" type="checkbox"/> Include MINI-CERTIFICATE with legal description for recording purposes. <input type="checkbox"/> Include COVER PAGE with legal description to attach to Certificate for recording purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
✓					

If two individual trusts are created, funding the trusts is GREATLY simplified by designating whether each asset should be conveyed to his trust, her trust, or the two trusts as tenants in common. Software knows the correct language for grantor and grantee so all documents will be accurate and consistent.

J	Assignment of Motor Vehicles <i>See attached title(s) for description and vehicle ID numbers. For use when actual title transfer will create licensing, tax, or other fees or issues. This does not <u>guarantee</u> probate avoidance on vehicles, but <u>may</u> be applicable to show intention that vehicle is to be considered trust asset.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information Forthcoming
K	Letter to Corporate Successor Trustee with Document Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L ✓	Letter to Client Re: Conflict of Interest Disclosure					
M ✓	Billfold Card for Client Use in Titling New Assets <i>When two individual trusts are prepared, three billfold cards will automatically be generated—one to his trust, one to her trust, and one to both trusts as tenants in common.</i>					

ASSET TRANSFER LETTERS
For Use When Third Party Holds Account/Asset

NOTE: At prompt, if you type TRUST, software will insert full language naming the trustee(s) of the appropriate trust(s).

of Letters

His	Hers	Both	
			One of Each Letter <i>(Selection will be all to same trust)</i>
A		✓	Banks and Credit Unions
B		✓	Stockbrokers and Financial Planners
C			Stock Transfer Agent
D			Savings Bond Department, Federal Reserve Bank
E			Out-of-State Attorney Re: Transfer of Out-of-State R
F			Managing Partner
G		✓	Life Insurance Beneficiary <input checked="" type="checkbox"/> Rev. Trust primary, contingent: <u>Spouse of the insured</u> <input type="checkbox"/> Rev. Trust primary, Credit Shelter Trust contingent <input type="checkbox"/> Other: _____
H			Life Insurance Ownership <input type="checkbox"/> Ownership to be left as is or: Primary to be: _____ Contingent to be: _____ <i>CAUTION: Gift tax returns may be required if ownership is transferred to nonspouse.</i>
I		✓	Retirement Plans, IRAs, Keoghs, or Annuities - Beneficiary Primary and contingent beneficiaries to be as follows: <input checked="" type="checkbox"/> Spouse primary, Rev. Trust contingent <input type="checkbox"/> Spouse primary, Child(ren) contingent <input type="checkbox"/> Spouse primary, Credit Shelter Trust contingent <input type="checkbox"/> Rev. Trust primary, Credit Shelter Trust contingent <input type="checkbox"/> Child(ren) primary, Rev. Trust contingent <input type="checkbox"/> Rev. Trust primary, contingent: _____ <input type="checkbox"/> Other: _____ <i>CAUTION: For roll-over to spouse, spouse should be primary beneficiary.</i>
J			Annuities - Ownership <input type="checkbox"/> Ownership to be left as is or: Primary to be: _____ Contingent to be: _____ <i>CAUTION: Tax & penalties may be due if ownership is transferred.</i>
K			Homeowner/Property Insurance Add trust as additional insured
L			Motor Vehicle Insurance Add trust as additional insured

Correspondence to third parties is generated by software. A contact data base within software may be used to address letters. Letters help to insure that the trust is accurately and fully funded, and build good will and referrals for your practice.

Male
Female
Joint

SUPPORTING DOCUMENTS MENU

Listed in order printed

A. Living Trust Package:

- | | | | |
|--------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | * 1) Inspection Letter to Client to Send With Copies of Articles 1 and 2 of the Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | * 2) Invoice: Invoice No.: _____; Retainer paid: \$_____;
Total billing amount: \$_____; Amount due: \$_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | * 3) Follow-up Letter With Questionnaire |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4) Trust Agreement Including Articles 1-5, Customized Cover Sheets, Mini-Certificate of Trust, Authorization to Release Information and Trust Summary |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5) Bill of Sale |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6) Comprehensive Transfer Document |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7) Certificate of Trustee Authority and Power (long form) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8) Covers and Envelopes for Trust Documents |
- * When 2 individual trusts are prepared, single invoice and correspondence will be directed to both clients and can be selected from the Supporting Documents section of the wife's session. Insert letterhead for printing, if desired.

B. Pourover Will:

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | To TRUST |
| | | In Joint trust with guardianship provisions |
| | | M F |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Spouse to be named as primary guardian |
| <input type="checkbox"/> | <input type="checkbox"/> | Spouse NOT to be named as primary guardian |

State specific supporting documents are created by a simple selection. All appointments will be inserted as designated on pages 2-3 of the checklist, and content will be made consistent by software. For example, if gifting is authorized in the power of attorney, consistent gifting powers will be inserted into the revocable trust so gifting is not impacted by whether an asset is in the trust or not.

C. Durable Power of Attorney:

- | | | | |
|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Immediate Power | } <i>Gifting options below are for either individual or joint trust</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Springing Power | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1) Gifting Allowed: <i>If this selection is chosen, authority to grant gifts is included in the Trust Agreement. In a joint trust, gifting provisions will be inserted into the trust agreement. If spouse's selections differ, see below to select gifting language. If 'no gifting to children' is inserted, insertion in joint trust will be revised and 'no gifting to children' is not allowed' if power of appointment could cause federal estate tax issues for named attorney-in-fact. Limiting gifts to annual gift tax exclusions will limit power of appointment issues.</i> | |
| | | M F | |
| <input type="checkbox"/> | <input type="checkbox"/> | A. To 3rd parties including attorney-in-fact as individual | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | B. In equal shares among | |
| | | (1) <input type="checkbox"/> Beneficiaries on Page 1 | |
| | | (2) <input type="checkbox"/> my children | |
| | | (3) <input checked="" type="checkbox"/> other: <u>Peter T. Jackson SNT, Angela, Timothy, Thomas</u> or to issue by representation | |
| <input type="checkbox"/> | <input type="checkbox"/> | C. To sole beneficiary _____ or to issue by representation | |
| <input type="checkbox"/> | <input type="checkbox"/> | ⇒ Gifts to be limited to annual gift tax exclusion amounts | |
| | | <i>If either spouse chooses to limit gifts to the annual exclusion amount, that restriction will be placed in the trust.</i> | |
| | | In joint trust, if spouse selections under A, B, and C above differ, then | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not include gifting language in trust agreement | |
| <input type="checkbox"/> | <input type="checkbox"/> | Include husband's gifting language in trust agreement | |
| <input type="checkbox"/> | <input type="checkbox"/> | Include wife's gifting language in trust agreement | |
| <input type="checkbox"/> | <input type="checkbox"/> | Include gifting language in trust as follows: _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) No Gifting Allowed; no power of appointment to be construed | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Gifting not specifically discussed | |

Male
Female
Joint

SUPPORTING DOCUMENTS MENU

Listed in order printed

D. Health Care Documents:

NOTE: See your state statute for number of agents who may be appointed. Some states prohibit co-agents.

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Non-statutory, informal form |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Declaration to Physicians* |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3) Durable Power of Attorney for Health Care* |

**Terminology, documents, and availability vary from state to state. Not available in all states.*

E. HIPAA Release and Authorization Form

Identification of those from whom HIPAA information will be received (e.g., name of medical facility): _____

User-Defined Documents: (Cowles Customizer™ allows you to insert any document of your choice, with merge codes from easy drop-down menus, integrating your documents with all Cowles documents.)

- | | | | |
|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |