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This Estate Planning Worksheet has seven (7) parts, which will help Schroeder Law begin to understand the details of your estate planning goals. The more detail you provide, the better service we will be positioned to provide to you. These are the seven (7) sections:

- Part 1: Your Personal Information
- Part 2: People who can care for your underage kids if you cannot
- Part 3: People who can make all other (financial) decisions for you
- Part 4: People who can make health care decisions for you
- Part 5: People who should be contacted if you have a living will
- Part 6: People who should inherit from you when you die
- Part 7: People who should ensure that your will is followed

PART 1: PERSONAL INFORMATION

s band Full Nam	e:			
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
Email:	Home	Mobile	Wor	
Driver's Lic	ense State and Number:	Are you	an organ donor?	
Date of Birtl	n: Socia	l Security Number:		
		1. 11 \		
Date of Mar	riage and Spouse Name (if	applicable):		
e Full Name:	First Name			
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home	Mobile	Wor	k
Email:				
Driver's Lic	ense State and Number:	Are you	an organ donor?	
Date of Birtl	n: Socia	l Security Number:		

Oldest Child Name:				
	First Name	Middle Initial	Last Na	ime
Address:	Street	City	State	Zip
Phone(s):				-
.,	Home		Mobile	
Date of Birth:		Gender: Male		_Female
Second Oldest Child Name:				
	First Name	Middle Initial		Last Name
Address:	~	~	~	
	Street	City	State	Zip
Phone(s):	Home		Mobile	
Date of Birth:		Gender: Male		_Female
Third Oldest Child Name:				
Third Oldest Child Ivanie.	First Name	Middle Initial		Last Name
Address:				
	Street	City	State	Zip
Phone(s):		<u> </u>		
	Home		Mobile	
Date of Birth:		Gender: Male		_Female
Fourth Oldest Child Name:				
	First Name	Middle Initial		Last Name
Address:			<u> </u>	7'
	Street	City	State	Zip
Phone(s):	Home		Mobile	
				F 1
Date of Birth:		Gender: Male	. <u> </u>	_Female
Fifth Oldest Child Name:	First Name	Middle Initial		Lost Nome
	riist manie	Middle initial		Last Name
Address:	Street	City	State	Zip
		City	State	Σık
Phone(s):	Home		Mobile	
Date of Birth:		Gender: Male		Female
		Schuch. Male		

PART 2: PEOPLE WHO CAN TAKE CARE OF YOUR KIDS IF YOU CANNOT

First Choice:

First Name	Middle Initial	Last Name	
Street	City	State	Zip
Home		Mobile	
First Name	Middle Initial	Last Name	
Street	City	State	Zip
	Home First Name	Home First Name Middle Initial	Home Mobile First Name Middle Initial Last Name

PART 3: PEOPLE WHO CAN MAKE FINANCIAL DECISIONS FOR YOU

Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
.,	Home		Mobile	
Relationship:				
nd Person:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				

PART 4: PEOPLE WHO CAN MAKE HEALTH CARE DECISIONS FOR YOU

Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
.,	Home		Mobile	
Relationship:				
nd Person:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
· · · · · · · · · · · · · · · · · · ·	Home		Mobile	
Relationship:				

PART 5: PEOPLE WHO SHOULD BE CONTACTED IF YOU HAVE A LIVING WILL

(Other than or in addition to those identified on Pages 1 and 2)

Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
econd Person:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
·				

PART 6: PEOPLE WHO SHOULD INHERIT FROM YOU WHEN YOU DIE

This is where you can "check" one of the boxes that most accurately describes to whom you want your assets to be given when you die. The boxes explained below are the most common, but not necessarily right for you, distribution plans. If you are unsure, please feel free to discuss this directly with Attorney Lee R. Schroeder.

Married:	To your spouse (if your spouse survives you), then to natural and adopted children equally.
Married:	To your spouse (if your spouse survives you), then to natural, adopted, and <u>step-children</u> equally.
Married:	To your spouse (if your spouse survives you), then to others (as explained below).
Unmarried:	to all children in equal shares.
Unmarried:	to others (as explained below).
Notes:	
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Other People that you want to Inherit Portions of your Assets or Specific Items when you die.

	First Name	Middle Initial	La	ast Name
Address:				
	Street	City	State	Zip
Percentage:	(or Specific Item:		
Second Person:				
	First Name	Middle Initial	La	ast Name
Address:				
	Street	City	State	Zip
Percentage:	(or Specific Item:		
Third Person:				
	First Name	Middle Initial	La	ast Name
Address:				
	Street	City	State	Zip
Percentage:		or Specific Item:		

PART 7: PEOPLE WHO SHOULD ENSURE THAT YOUR WILL IS FOLLOWED

This person must be at least 18 years old. It is preferable but not required that this person live in Ohio.

If you are married and you want your spouse to be this person, please write yes on this line:

If married, and your spouse does not survive you,

or if you are unmarried,

please identify your first and second alternates below:

First Choice:

Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
Second Choice:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				