SCHROEDER LAW LLC

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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 healthcare decisions for you
Part 4:	People who can make all other 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

	City	State	
	City	State	
			Zip
1			
N	Mobile	Work	
d Number:	Are you	an organ donor?	
Social Secur	rity Number: _		
ouse Name (if applic	able)·		
\ 11	, 		
st Name N	Middle Initial	Last Name	
	Middle Initial	Last Name	
st Name N			— Ziŗ
st Name N	City	State	Zip
st Name N			
st Name N	City Mobile	State	<u> </u>
	Social Secur	Social Security Number: _	Are you an organ donor? Social Security Number: ouse Name (if applicable):

Oldest Child Name:			
	First Name	Middle Initial	Last Name
Address:	Street	City	State Zip
Dh an a (a)			1
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
	Street	City	State Zip
Phone(s):	Home		Mobile
Date of Birth:		Gender: Male	Female
		Gender. Ware	1 cmare
Third Oldest Child Name:	First Name	Middle Initial	Last Name
Address:			
rudiess.	Street	City	State Zip
Phone(s):			
	Home		Mobile
Date of Birth:		Gender: Male	Female
Fourth Oldest Child Name:			
	First Name	Middle Initial	Last Name
Address:	China at	City	Charles 7: m
	Street	City	State Zip
Phone(s):	Home		Mobile
Date of Birth:		Gender: Male	Female
		Gender. Water	T emare
Fifth Oldest Child Name:	First Name	Middle Initial	Last Name
Address:			
Address.	Street	City	State Zip
Phone(s):			
	Home		Mobile
Date of Birth:		Gender: Male	Female

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

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

PART 3: PEOPLE WHO CAN MAKE HEALTHCARE DECISIONS FOR YOU

First Person:

Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
Second Person:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
<u>Choices</u> :				
Do you want the First Pe	rson and the Second	Person to make decision	ns together?	
Can the First Person and	the Second Person m	nake decisions independ	ent from each of	her?

PART 4: PEOPLE WHO CAN MAKE ALL OTHER DECISIONS FOR YOU

First Person:

	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
ond Person:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):				
	Home		Mobile	
Relationship:				
oices:				
			ns together?	

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

If you have a living will (which can be explained in greater detail in person by Attorney Lee R. Schroeder), the following people should be contacted before the instructions of the living will are carried out:

<u>irst Person</u> :				
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 natural and adopted chi		then to	
	Married:	To your spouse (if your natural, adopted, and st		hen to	
	Married:	To your spouse (if your others (as explained bel		hen to	
	Unmarried:	to all children in equal s	shares.		
	Unmarried:	to others (as explained	below).		
	Notes:				
	er People that y EPerson:	ou want to Inherit Portion			
		First Name	Middle Initial	La	st Name
	Address:	Street	City	State	Zip
	Percentage:		or Specific Item:		
Seco	nd Person:				
		First Name	Middle Initial	La	st Name
	Address:	Street	City	State	Zip
	Percentage:		or Specific Item:		
Thir	d Person:				
		First Name	Middle Initial	La	st Name
	Address:		av.	- Control of the cont	
		Street	City	State	Zip
	Percentage:	C	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.

erson live in Ohio.				
you are married and yo	u want your spouse t	to be this person, please	write yes on th	is line:
married, and your spou or if you are unma please identify yo				
rst Choice:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):	Home		Mobile	
	Home		Mobile	
Relationship:				
ond Choice:				
Name:				
	First Name	Middle Initial	Last Name	
Address:				
	Street	City	State	Zip
Phone(s):			36.1.11	
	Home		Mobile	
Relationship:				