

PERSONAL INFORMATION

1. Are you a U.S. citizen?

2. Is this your first marriage?

Date of this marriage: _____

Please attach copies of each of the following to which you answer Yes:

3. Do you have a will or trust now?

4. Do you have a Durable Power of Attorney?

5. Do you have a Health Care Power of Attorney?

6. Do you have a Living Will?

7. Are you party to any agreements that control the disposition of your property (e.g., stockholders' agreement, partnership agreement, or divorce settlement/deed?)

8. Have you ever lived in a state which has a community property law, i.e., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho?

9. Do you have any powers of appointment?

10. Have you ever made any taxable gifts?

If Yes, have you ever filed any gift tax returns?

When and where? (Please attach copies)

11. Are you the beneficiary under any trust?

12. Were you ever in the Armed Forces?

If Yes, provide:

Branch of Service:

Serial Number:

Dates of Service:

	You	Your Spouse
1. Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this your first marriage? Date of this marriage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Do you have a will or trust now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you party to any agreements that control the disposition of your property (e.g., stockholders' agreement, partnership agreement, or divorce settlement/deed?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever lived in a state which has a community property law, i.e., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any powers of appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
10. Have you ever made any taxable gifts? If Yes, have you ever filed any gift tax returns? When and where? (Please attach copies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ _____
11. Are you the beneficiary under any trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Were you ever in the Armed Forces? If Yes, provide: Branch of Service: Serial Number: Dates of Service:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____

CHILDREN

Please provide the following information for any children of you or your spouse:

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

Name: _____
 Address: _____
 Telephone No: _____
 Date of Birth: _____ Date of Death: _____
 Your: Natural Child Adopted Child Step-child
 Your Spouse's: Natural Child Adopted Child Step-child
 Education Completed: Yes No
 Educational Goals: _____

Business Ability: Strong Weak In Between
 Child's Spouse's Name _____
 Child's Children: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 Comments: _____

DIVISION OF SHARES AMONG DESCENDANTS

If you leave property to your children and one of your children were deceased at the time the property was to be distributed, the deceased child's share will be distributed to the child's descendants, unless you direct us to provide some other disposition. If *all* your children were deceased, indicate which form of division you would prefer:

- Per Stirpes: The property should be divided into equal shares for each of your children, and then divided among that child's descendants. (This form of division could result in grandchildren receiving unequal shares, depending on how many children each of your children had living at the time of the division, but as a group, the descendants of each of your children would receive an equal share).
- By Representation: The property should be divided into equal shares for each *grandchild* whose parent does not survive. (This form of division would provide each grandchild an equal share even if one deceased child had a different number of children than another deceased child.)

		PARENTS	
		You	Your Spouse
Father:	Name		
	Address		
	State of Health Financially Dependent?	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mother:	Name		
	Address		
	State of Health Financially Dependent?	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Living: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		BROTHERS AND SISTERS	
		You	Your Spouse
1.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		
2.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		
3.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		
4.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		
5.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		
6.	Name		
	Living	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Married	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Age	_____	_____
	Residence (City, State)		
	Comments:		

FINANCIAL INFORMATION

In the columns below, enter the approximate dollar value for assets and liabilities held solely in your name, solely in your spouse's name, or as joint tenants.

Assets/Liabilities	You	Your Spouse	Joint
Cash			
Checking			
Savings			
CD's			
Contracts receivable (e.g. seller's interest in contract for deed)			
Stocks & Bonds			
Retirement Plans/IRA's			
Real Estate			
Home			
Vacation Home			
Rental Property			
Vacant Land			
Ranch/Farm Land			
Cars & Trucks			
Jewelry			
Life Insurance			
Expected Inheritances			
Other			
Liabilities:			
Mortgages on home or other real property			
Credit Cards			
Unsecured debts			
From Continuation Sheet:			
Total (By Column)			
Grand Total (All 3 Columns)			

4 LIFE INSURANCE / RETIREMENT PLANS

Life Insurance Company/ Policy Number and Type	Owner – Insured - Beneficiary of Policy		
	You	Your Spouse	Other:
_____ _____ _____ <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other Face Value: \$ _____ Loans Against Policy: \$ _____	Owner: <input type="checkbox"/> Insured: <input type="checkbox"/> Beneficiary: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ _____
_____ _____ _____ <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other Face Value: \$ _____ Loans Against Policy: \$ _____	Owner: <input type="checkbox"/> Insured: <input type="checkbox"/> Beneficiary: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ _____
_____ _____ _____ <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other Face Value: \$ _____ Loans Against Policy: \$ _____	Owner: <input type="checkbox"/> Insured: <input type="checkbox"/> Beneficiary: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ _____
_____ _____ _____ <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Other Face Value: \$ _____ Loans Against Policy: \$ _____	Owner: <input type="checkbox"/> Insured: <input type="checkbox"/> Beneficiary: Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ _____
Retirement Plan	Plan Participant	Beneficiary	
Name of Trustee of Plan: _____ _____ Current Value: \$ _____ Type of Plan: <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	Primary: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____ Contingent: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____	
Name of Trustee of Plan: _____ _____ Current Value: \$ _____ Type of Plan: <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	Primary: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____ Contingent: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____	
Name of Trustee of Plan: _____ _____ Current Value: \$ _____ Type of Plan: <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	Primary: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____ Contingent: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____	
Name of Trustee of Plan: _____ _____ Current Value: \$ _____ Type of Plan: <input type="checkbox"/> 401(k) <input type="checkbox"/> IRA <input type="checkbox"/> Keogh <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other	<input type="checkbox"/> You <input type="checkbox"/> Your Spouse	Primary: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____ Contingent: <input type="checkbox"/> You <input type="checkbox"/> Your Spouse <input type="checkbox"/> Other: _____	

5 FIDUCIARIES

	You	Your Spouse
<p>Personal Representative: The Personal Representative is responsible for administering your estate. In some jurisdictions, this person is referred to as the Executor. Whom would you want to serve as Personal Representative?</p>	<input type="checkbox"/> My Spouse Other:	<input type="checkbox"/> My Spouse Other:
<p>Successor Personal Representative: Whom would you like to designate as successor Personal Representative in the event the original Personal Representative cannot serve, or ceases to serve? If you name more than one, indicate whether they are to serve concurrently or consecutively</p>	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively
<p>Trustee: If your Will includes a trust, or if you execute a living trust, you will need to name a Trustee. The Trustee is responsible for the administration of the trust. Whom would you like to designate as Trustee? If you name more than one, indicate whether they are to serve concurrently or consecutively. If you are uncertain whether a trust will be used, leave this blank.</p>	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively
<p>Successor Trustee: Whom would you like to designate as successor Trustee in the event the original Trustee cannot serve, or ceases to serve? If you name more than one, indicate whether they are to serve concurrently or consecutively. If you are uncertain whether a trust will be used, leave this blank.</p>	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively	<input type="checkbox"/> Concurrently <input type="checkbox"/> Consecutively
<p>Guardian: If you have minor children, whom would you like to serve as Guardian? If you name a husband and wife, indicate who should serve in the event they divorce.</p>		
<p>Successor Guardian: Whom would you like to serve as successor Guardian in the event the original Guardian cannot serve, or ceases to serve? If you name a husband and wife, indicate who should serve in the event they divorce.</p>		

6 YOUR GOALS

Please describe how you want your assets distributed or administered. If you are married, please include both the possibility that your spouse survives you and that your spouse does not survive you. Also describe any particular goals you have in implementing your estate plan, and use this space to provide any additional information you think is important: _____

MARRIED COUPLES

WAIVER OF CONFLICT AND CONSENT TO DUAL REPRESENTATION

This section pertains only to married couples. If you are both seeking estate planning services from Baskett Law Office, you should be aware that there may be a conflict of interest. For example, it may be advisable for purposes of saving estate taxes to provide that upon the first death, property be held in trust rather than go outright to the surviving spouse. There are other situations in which the advice that is given may result in one spouse receiving less or a different kind of financial benefit than might otherwise be the case. These types of conflicts are inherent whenever one lawyer represents both the husband and wife for estate planning. To avoid this conflict it would be necessary for this office to represent either the husband or wife and the other obtain representation by another attorney. If you wish to waive the conflict, then this office can represent you both. You should also understand that by one attorney representing both the husband and wife, there will be no attorney-client privilege as to communications that could be asserted to keep the attorney from disclosing to one what the other had communicated. You may indicate your consent to this dual representation and waiver of the conflict by signing below.

Signature of Husband

Signature of Wife

RIGHTS OF SURVIVING SPOUSE

Elective Share: The estate plan that you ultimately decide upon may involve the use of trusts or other means of passing property that the surviving spouse could later seek to elect against under provisions allowed by Montana law. In other words, the surviving spouse could choose to ignore the provisions of your estate plan documents, even though they were entirely valid, and take the amount provided under Montana law. The following table shows the amount the surviving spouse is entitled to receive under this election:

If the Decedent and the Spouse Were Married To Each Other		The Elective Share Percentage of the Augmented Estate Is:
More Than (Years)	But Less Than (Years)	
0	1	Supplemental Amount*
1	2	3%
2	3	6%
3	4	9%
4	5	12%
5	6	15%
6	7	18%
7	8	21%
8	9	24%
9	10	27%
10	11	30%
11	12	34%
12	13	38%
13	14	42%
14	15	46%
15	-	50%

* The supplemental amount, in general, is designed to assure that the surviving spouse receives at least \$50,000.

So as not to frustrate your estate plan, you may decide to waive this statutory right to an elective share. Please indicate below your desire as to the elective share:

Husband: Prepare waiver by Wife of elective share if the elective share could disrupt our estate plan
 Do not prepare waiver by Wife of elective share even if the elective share could disrupt our estate plan

Wife: Prepare waiver by Husband of elective share if the elective share could disrupt our estate plan
 Do not prepare waiver by Wife of elective share even if the elective share could disrupt our estate plan

Additional Allowances: In addition to any share passing to the surviving spouse by the Will of the decedent, a surviving spouse is entitled to a homestead allowance of \$20,000, an exempt property allowance from the estate to a value, not exceeding \$10,000 in household furniture, automobiles, furnishings, appliances, and personal effects, and a reasonable family allowance in money out of the estate for maintenance during the period of administration. The Will may provide that the surviving spouse is not to receive the additional allowances.

Please indicate below your desire as to the additional allowances:

Husband: Provide that Wife will receive property under my Will but not additional allowances
 Do not restrict Wife's right to receive additional allowances

Wife: Provide that Husband will receive property under my Will but not additional allowances
 Do not restrict Husband's right to receive additional allowances