



FINANCIAL STRATEGIES, INC.

(Certified Legal Document Preparation Division)



Confidential "Legacy" Living Trust Portfolio

QUESTIONNAIRE



Consultant:

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Confidential Legacy Living Trust Portfolio Questionnaire

Thanks for requesting our data gathering tool. This confidential questionnaire covers matters which are relevant to the proper preparation of your Legacy Trust Estate Plan. Please go over it and fill in as much of the data as you can. Your answers will be used to prepare a complete estate planning portfolio that will best meet your personal desires and family goals and objectives while alive and explain how you would like your estate distributed when you die. Just as importantly, you will help solve any problems as well if you should become disabled before death.

Please print or type all the entries in the blank spaces. Circle "Yes" or "No", or check appropriate sections that are applicable. If you need more space, please attach another letter size sheet.

TRUST PACKAGE DESIRED (Please check)

_____ Individual Legacy Trust Portfolio

(For all Single or Sole and Separate Marital Estates of all sizes)

_____ Marital Trust With A/B Trust Provisions (Includes Catastrophic Illness Provisions)

(For all Marital Estates that do not exceed \$ 4,000,000 in assets / higher limits apply after 2008)

Note: Your Legacy Trust Portfolio includes other legal documents such as Pour-over Will(s), Living Will(s), Powers of Attorney, etc. Also, non-legal documents are included that help document your estate, and/or provide a "Living" Legacy of your life, etc. Numerous areas in these non-legal documents will require you to fill-in the information after you receive your Legacy Trust Portfolio. Certain confidential information that is necessary for both the legal and non-legal documents is requested in this questionnaire.

If you do not desire any of the following documents, please check them:

- 1. Community Property Agreement (Declares all property of Husband and Wife to be community property in order to save potential capital gains tax on real estate)
- 2. Mandatory Investment Advisor Provisions in the Trust

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Personal Data
(Please Type or Print Clearly)

NAMES OF CREATOR(S):

1. Your Full Name: _____ Date of Birth: _____

Social Security Number: _____

If Applicable:

Spouses' Full Name: _____ Date of Birth: _____

Social Security Number: _____

THE TRUST NAME:

2. Specify the name as you wish it to appear on your documents:

- _____ The *John M. Doe* Living Trust
- _____ The *J.M. Doe* Living Trust
- _____ The *Doe* Family Trust
- _____ The *John M. Doe* Family Trust
- _____ The *John M. & Jane R. Doe* Family Trust
- _____ The *J.M. & J.R. Doe* Living Trust
- _____ The *J.M. & J.R. Doe* Family Trust

ADDRESS INFORMATION:

3. Residence Address:

Street (and Number if applicable): _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: (if different):

Street (and Number if applicable): _____

City: _____ State: _____ Zip: _____ County: _____

PHONE INFORMATION:

4. Home Telephone Number: (____) _____ - _____.

Business Telephone Number: (____) _____ - _____.

Fax Telephone Number: (____) _____ - _____.

Other Phone Number: (____) _____ - _____.

(Check if applicable)

[] Summer Home [] Cellular Phone [] Winter Home

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(Personal Data Continued)

CITIZENSHIP:

5. Husband:

U.S.A. _____

Other _____

Wife:

U.S.A. _____

Other _____

CHILDREN:



6. If you have any minor children, please list their names and birth dates below:

Child	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

Choice for Guardian for Minor Children:

Important Note: If it is ever necessary to appoint a guardian for any child listed above, (besides a surviving parent), please list them below: (The persons listed will be authorized to serve one at a time only. If you desire co-guardians, CHECK THIS BOX [] here.) The actual appointment is subject to court approval.

	First Name	Middle Initial	Last Name	Relationship
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____

Choice for Guardian for Pets:



7. If you have pets that you want to name a guardian for, please fill in the section below:

Pet Name: _____ Type: _____ Guardian: _____

Pet Name: _____ Type: _____ Guardian: _____

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Agent Appointment



MONEY TEAM:

Important Note: Please designate your choice for Successor Trustee(s) of your Trust. Personal Representative(s)(Executor/trix) of your Pour-over Will, and the person(s) you wish to appoint as your Attorney In Fact on your Durable General Power of Attorney (valid only if you are disabled).

Enter the names of the persons you wish to appoint to these positions that will succeed you. If a marital trust, please enter the words "my spouse", on the first line (#1).

	First Name	Middle Initial	Last Name	Relationship
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____

If you do not desire the same persons in the same order to fill the three positions on the money team, please state your reasons ON THE BACK OF THIS PAGE AND CHECK THIS BOX here. We may call you to discuss the matter further. Rarely would you want different persons to serve in these positions, or the same persons in a different order - for each individual spouse.

How are the above appointees to serve? (Choose one):

-] The above appointees to serve in order; if #1 dies or fails to serve for any reason, then #2 shall serve, then #3, etc.
-] First and second persons to serve as Co-trustee/personal representative/attorney in fact, the remaining persons listed shall serve in order as a "back up" only to fill any vacancy.
-] Other arrangements (i.e., #1 serves alone, but #2 and #3 serve as "co's" with remaining persons being back up persons / or perhaps #1 and #2 serve alone, but any further succession should be as "co's", etc.) Specify below:

(Agent Appointments Continued)



HEALTH TEAM:

Important Note: Please designate your choice for Attorney in Fact of your Living Will/Medical Directives and your Durable Health and Mental Care Power of Attorney documents. (valid only if you are disabled). Enter the names of the persons you wish to appoint to these positions that will succeed you. If a marital trust, please enter the words "my spouse", on the first line (#1).

	First Name	Middle Initial	Last Name	Relationship
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____

Note: If you do not desire the same persons in the same order to fill the three positions on the health team, please state your reasons **ON THE BACK OF THIS PAGE AND CHECK THIS BOX** [] here. We may call you to discuss the matter further. Normally, you would want the same persons to serve in these positions, in the same order for simplicity sake. However, if this is a marital trust, and you have prior marriages, children, etc., or want blood relatives to make these health care decisions, you may elect separate agents for each side of your marriage. To do so, just make double entries above (preferably in different color ink) specifying "Husband's" and "Wife's".

How are the above appointees to serve? (Choose one):

[] The above appointees to serve in order; if #1 dies or fails to serve for any reason, then #2 shall serve, then #3, etc.

[] First and second persons to serve as Co-trustee/personal representative/attorney in fact, the remaining persons listed shall serve in order as a "back up" only to fill any vacancy.

[] Other arrangements (i.e., #1 serves alone, but #2 and #3 serve as "co's" with remaining persons being back up persons / or perhaps #1 and #2 serve alone, but any further succession should be as "co's", etc.) Specify below:

Important Note: If this is a marital trust and you desire separate agents (for your own reasons), please re-code the above "order" statement, if different, between each spouse. It would be best to insert an "H" for the order desired by the Husband and a "W" for the order desired by the Wife. If different persons are listed, but the order is the same, please just make one entry by placing an "X" in the appropriate bracket.

Property To Be Transferred To The Trust

The property being transferred by the Creator(s) to fund this Trust is described as follow:

Important Note: Please provide "copies" of all real estate deeds for proper drafting of new real estate deeds to the trust. If all copies are attached or sent along with this questionnaire, you do not need to fill in the information below. However, if you can not find the originals, please fill in what information you can and insert the street address and City in the "Legal Description" area. **If you have any questions, call us at 480-345-1616.**



REAL PROPERTY (Real Estate):

#1 Location of property: State _____ County _____

Community Property _____ *Separate Property _____ Joint Property _____ Other _____

Legal Description: _____

Is this property former joint tenancy property? [] Yes / [] No

#2 Location of property: State _____ County _____

Community Property _____ *Separate Property _____ Joint Property _____ Other _____

Legal Description: _____

Is this property former joint tenancy property? [] Yes / [] No

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property.

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(Property Transferred To Trust Continued) (Real Property Cont.)

#3 Location of property: State _____ County _____

Community Property _____ *Separate Property _____ Joint Property _____ Other _____

Legal Description: _____

Is this property former joint tenancy property? [] Yes / [] No

#4 Location of property: State _____ County _____

Community Property _____ *Separate Property _____ Joint Property _____ Other _____

Legal Description: _____

Is this property former joint tenancy property? [] Yes / [] No

Comments on any of Your Real Estate: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property.



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(Property Transferred To Trust Continued)



SECURITIES: Stocks, Bonds, Mutual Funds, Money Market Funds, or other Investments (That are not IRA, Keogh, 401K or Pension Funds)

(Description: Include Company Name, Relevant Certificate #'s, etc.) [Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []
- #7 _____ []
- #8 _____ []
- #9 _____ []
- #10 _____ []
- #11 _____ []
- #12 _____ []
- #13 _____ []
- #14 _____ []

Comments on any of Your Investments: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)

(Property Transferred To Trust Continued)



BANK ACCOUNTS: CD'S, Checking, Passbook Savings, Money Market Accounts, etc.

(Description: Bank Name, Location, Account Type/Account/Cert. #'s) [Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []
- #7 _____ []
- #8 _____ []



BUSINESSES: Sole Proprietaries, Partnerships, Close Corporations

(Description: Business Name/Your Interest - % of ownership/stock owned, etc.) [Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []

Comments on any of Your Bank Accounts or Business Interests: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property
C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)

(Property Transferred To Trust Continued)



LICENSED VEHICLES: Automobiles, Boats, Motor/Mobile Homes/Airplanes, etc.

(Description: Include Year/Make/VIN #s for each item)

[Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []
- #7 _____ []
- #8 _____ []
- #9 _____ []
- #10 _____ []



SAFE DEPOSIT BOXES:

(Description: Include Name of Bank, Location, Box #)

[Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []

Comments on any of Your Vehicles or Contents of Safe Deposit Boxes: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property
C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)

(Property Transferred To Trust Continued)



PROPERTY NOT LISTED ELSEWHERE: (Loans/Notes or Accounts Receivable, Trust Deeds, etc.)

(Description: Explain What/When/Who, etc.)

[Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []
- #7 _____ []
- #8 _____ []
- #9 _____ []
- #10 _____ []

Comments for any Items on This Page: _____

FOR YOUR INFORMATION: *Patrick Henry wrote the first Living Trust Document in the United States.*

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property
C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)

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(Property Transferred To Trust Continued)



HOUSEHOLD ITEMS: Jewelry, Antiques, Art and Other Unusual or Expensive Personal Property

Important Note: Your trust includes a provision that assigns all of your household items and personal effects to the trust. List here those items that are most important to you...and that you may want to give personal directives later on - regarding who is to receive these items upon your death(s).

(Description: Explain What/When/Who, etc.)

[Insert: C/S*/J/O*]

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []
- #7 _____ []
- #8 _____ []
- #9 _____ []
- #10 _____ []
- #11 _____ []
- #12 _____ []
- #13 _____ []

If any of the above items have appraisals, or if you have detailed listings of any collectibles, make any comments or suggestions here:

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property
C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)

Beneficiary Changes For The Trust



Important Note: Unlike all of your prior property that you have listed to be transferred into your new trust; life insurance policies, annuities, retirement benefits, IRA's, Pension plans and other plans that will pay a death benefit - normally should not (or can not) be transferred into the trust. These plans will simply list your living trust as the primary or contingent beneficiary. For large IRA owners, there is an exception in some cases, as our trust can be a primary beneficiary for IRS test purposes, when complete management or stretch IRA concepts are desired.

Note: If life insurance cash values exceed \$ 50,000, circle applicable contracts.

(Description: Include Company Name, Policy/Certificate #'s, etc.)

[Insert: C/S*/J/O*]

LIFE INSURANCE:

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []

ANNUITIES:

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []

Comments on any of your Life/Annuity Insurance Policies: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property
C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)



(Beneficiary Changes Continued)

(Description: Include Company Name, Policy/Certificate #'s, etc.)

[Insert: C/S*/J/O*]

IRA'S:

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []

OTHER PENSION PLANS, 401K'S, etc.:

- #1 _____ []
- #2 _____ []
- #3 _____ []
- #4 _____ []
- #5 _____ []
- #6 _____ []

Comments on any of your Ira/Pension plans: _____

* Insert "H" if separate property is Husband's or insert "W" if Wife's separate property C=Community Property/S=Separate Property/J=Joint Property/O=Other(Explain)



Disposition of Property

Important Note: Your Trust will provide for you to personally designate on a separate list, who is to receive items of "tangible" personal property such as jewelry, collections, etc. However, it is recommended that any large or significant gifts of money, valuable property or other property interests that you wish to give to a specific person- be set forth in your trust.

HUSBAND'S GIFTS:

Indicate what special gifts that Husband (or Creator, if not married) wishes to make:

Recipient of Gift

Description of Gift

_____	_____
_____	_____
_____	_____
_____	_____

(If Married, Check One)

- I desire that these gifts be given upon my death.
- I desire that these gifts be given after my Wife's death.

WIFE'S GIFTS:

Indicate what special gifts that Wife wishes to make:

Recipient of Gift

Description of Gift

_____	_____
_____	_____
_____	_____
_____	_____

(Check One)

- I desire that these gifts be given upon my death.
- I desire that these gifts be given after my Husband's death.

(Disposition of Property Continued)

RESIDUAL ESTATE: (Remaining Trust Assets)

Important Note: Please state to whom you would like your remaining estate to be distributed to after your death, and the share or percentage they should receive.

<u>Beneficiary Name</u>	<u>Description: Share/Percentage of the Estate</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

At what age do you wish for the Final Beneficiaries listed above to receive their portion of the Trust Estate? (Don't forget grandchildren that are underage that may inherit a parents' share)

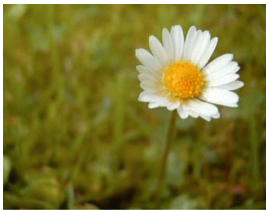
(Check One)

- I desire full distribution upon reaching the age of: _____, or
- I desire partial distributions as follows:

Age:	Percentage of beneficiary's share distributed at this age:
_____	_____ %
_____	_____ %
_____	_____ %

(Examples: 50% age 21/50% age 25 / 33 1/3% at age 21/25/30, etc.)

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"To live in hearts
we leave behind
is not to die."

Thomas Campbell

Financial Planning Letter

Important Note: This section is designed to gather information in order to write your own "financial planning letter". This letter will contain items that do not need to be in the trust itself, but that are important to record for your heirs. Some sections of the letter are left open for your to "fill in" when you get your portfolio. However, the following questions are asked so that we may help you by inserting this information into your letter for you.

FUNERAL (DEATH) INSTRUCTIONS:

(Check the following statements you desire)

Husband: (Or Creator, if not married)

Upon my death, I direct that the following instructions be observed:

I desire that all arrangements be left to the full discretion of my

_____ Trustee _____ Children _____ Survivors _____ Other: _____.

Or

I desire a memorial service at: _____.

I desire the following clergy to officiate: _____.

I desire _____ Burial _____ Cremation _____ Entombment

I desire or have made arrangements with the following funeral home: _____.

I desire burial or placement in the following Cemetery: _____

Block _____ Section _____ Lot _____ Grave _____

I also desire the following personal requests: _____

Wife:

Upon my death, I direct that the following instructions be observed:

I desire that all arrangements be left to the full discretion of my

_____ Trustee _____ Children _____ Survivors _____ Other: _____.

Or

I desire a memorial service at: _____.

I desire the following clergy to officiate: _____.

I desire _____ Burial _____ Cremation _____ Entombment

I desire or have made arrangements with the following funeral home: _____.

I desire burial or placement in the following Cemetery: _____

Block _____ Section _____ Lot _____ Grave _____

I also desire the following personal requests: _____

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(Financial Planning Letter Continued)

ADVISORS:

1. Accountant:

Accounting Firm:

2. Attorney:

Law Firm:

3. Life Insurance Agent:

Insurance Firm:

4. Banker:

Bank:

5. Investment Broker/Consultant:

Investment Firm:

Important Note: The Legacy Living Trust Portfolio has a provision for you to designate an advisor for your Successor Trustee to meet with prior to any distributions to the final beneficiaries. At least one (1) meeting is mandatory if you elect this option, but the advice given by your advisor does not need to be acted upon by your Trustee. Normally, you would elect the person that you trust for "investment" advice, but any of the above advisors may be requested. A fee will be paid to the person you elect for this meeting from your trust assets. You should elect this option if you have any question whether or not your surviving spouse, children, or other heirs would need help in money management, or in understanding your specific investments. Also, if your income tax situation is complicated, or other circumstances dictate that professional review of your investments would benefit your heirs before they receive them.

(To Include a Mandatory Investment Advisor Clause, just Check the applicable statement you desire below)

If Married With Children

I (Husband) elect this option for my _____ Wife only _____ Children only.
_____ Both Wife and later my children who are heirs.

If Married But You Have No Children

I elect this option for my wife.

If Single With or Without Children

I elect this option for my _____ Children only _____ Heirs other than my children.
_____ Both my children and other heirs _____ Heirs only (I have no children).

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Miscellaneous Required Information

Important Note: In this final information section, we need your yes/no answers to the following questions. Since this section is a catch-all, answer only those questions that apply to you. Any question not answered will be deemed to be not applicable to your situation.

Do You:	Questions From " A TO Z "	(Circle One)	
A.	Expect an inheritance from parents?	Yes	No
B.	Expect an inheritance from others?	Yes	No
C.	Have powers of appointment in any Trust?	Yes	No
D.	Expect to receive any large gifts?	Yes	No
E.	Have beneficial interests in any Trusts?	Yes	No
F.	Have any interest in a buy-sell agreement?	Yes	No
G.	Have any interest in a generation-skipping or charitable trust?	Yes	No
H.	Desire special treatment or provisions for children that are financially or physically handicapped?	Yes	No
I.	Desire to treat adopted children the same as naturally born children? Adopted Grandchildren?	Yes	No
J.	Desire any provisions for children due to prior marriage(s)?	Yes	No
K.	Have any prenuptial or antenuptial agreements?	Yes	No
L.	Remember making any gifts to your children or others in excess of \$10,000 in any one tax year since 1981 to 2001, \$11,000 since 2001, or more than \$12,000 after 1/1/2006, or in excess of \$3,000 in any one tax year before 1981?	Yes	No
M.	Desire to dis-inherit any of your children?	Yes	No
N.	Desire to dis-inherit any other heir?	Yes	No
O.	Own a business or business interest? If so, do you desire legal language in your trust to specify your management or distribution plans?	Yes	No
P.	Desire notation in your documents that you are a widow or widower?	Yes	No
Q.	Want to revoke a prior trust?	Yes	No
R.	Desire a "salary" authorization for the guardians of your minor children?	Yes	No
S.	Desire restrictions on trust investments if the trust continues after your death(s)?	Yes	No
T.	Desire conditional gifts? In other words, gifts that have conditions attached?	Yes	No
U.	Desire to provide for any heirs already on some form of government assistance due to disability or illness?	Yes	No
V.	Desire to write a "custom" provision for college education funds for your children? Your grandchildren?	Yes	No
W.	Desire to start a "living" gift program after your trust is executed?	Yes	No
X.	Desire that information on our services be mailed to someone else?	Yes	No
Y.	Have any other ideas that you might want drafted in your trust?	Yes	No
Z.	Desire to do an estate financial statement at this time?	Yes	No

(Misc. Information Continued)

Important Note: Please explain below, any item circled above that requires additional comment or explanation.

(Insert Question "Letter" In Bracket)

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____

[] _____



FSI Client Information and Disclosure Form

The Living "Legacy" Living Trust Portfolio

Please Read Each Item.

I understand...

1. The consultant representing Financial Strategies, Inc. is not an attorney and FSI is not a law firm. Under Arizona statutes, I further understand that my information given is private, but not "privileged" as it would be with a law firm.
2. No legal counsel or legal advice has been offered by the consultant. My consultant and his firm have informed me that they are certified in document preparation for the state of Arizona. (Financial Strategies under Certification # 80738 and Michael D. Anderson under Certification #80737)
3. Financial Strategies, Inc. (FSI) will prepare my "Legacy" trust portfolio based solely upon the representations I have made during the initial "DISCOVERY" information session. I declare that the information given is true, correct and complete.
4. That FSI reserves the right to review my information with any attorney, prior to preparing my documents. (At no additional cost, unless I am first notified otherwise)
5. FSI shall correct any inaccuracies (cosmetic, mis-types, etc.) in its documents at no cost to me for a period of 90 days from the "delivery" date. (Date My Living Legacy Trust Portfolio is delivered)
6. That I have the right to take my completed documents to an attorney of my choice for a review. Should said attorney make suggestions of a "legal" nature of any portfolio document wording (more than a cosmetic change), FSI agrees to make those changes at no additional charge for a period of 90 days from the delivery date. (I understand the attorney fees would be my own expense)
7. I realize that the trust to be created will be under my complete control and that I can change it or revoke it at any time, prior to disability or death.
8. That the trust to be created will not have any affect on my personal income taxes.
9. It is my responsibility to have the trust portfolio documents notarized and to transfer whatever assets I choose into the trust to "fund" it and that until the trust is funded, it will not provide any of the benefits.
10. That the FSI trust portfolio is a "package" plan. I acknowledge that the literature given me describes fully what is included in the package. Any service provided to me that is not listed in the sales literature "package" will be billed at the regular company billing rate.
11. The consultant may agree to provide "funding" assistance to me at no additional charge, or in return for providing referrals, however I acknowledge that this is not part of the package plan.
12. Whether assisted by an FSI consultant or not, I acknowledge that FSI can not control any mistakes or misconceptions made by representatives of my investment/bank accounts regarding changing title to the name of my trust. I hold FSI harmless for such written or verbal requests for transferring title to the name of my trust that I may make to said investment/bank account representatives; and their resulting actions that may be deemed "mistakes".
13. Any real estate deed preparation and recording is provided as a complimentary service of FSI.
14. That I am hiring FSI as my Arizona Certified Document Preparer (AZCLDP) only. I have provided all necessary information for FSI to begin to prepare my documents immediately. I understand that FSI will complete my documents within 14 working days after I have provided all information and documents, or I will be eligible for an additional 10% discount or refund.
15. I understand under current Medicaid planning law, that transferring assets to a living trust after October 1, 1993 may increase my waiting period for eligibility. (Assumed to be reversible by later removal of assets)

Signed this ____ day of _____, 200__.

Client Signature

Client Signature (Spouse, If married)

RECEIPT

Received of _____, \$ _____ on this date for the establishment of an FSI Living "Legacy" Trust Portfolio. The balance due, if any, shall be payable upon delivery if a "Cash" purchase.

_____/_____ \$ _____

FSI Consultant Name (Print)

Signature

Package Cost

Form # 3001

(This form should be signed in duplicate, providing one original for each party.)

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OPTIONAL ESTATE FINANCIAL STATEMENT
(Community Property or Single Person Estate)

My Estate Assets

Please estimate the fair market value of the following categories of property:

1. Bank/Credit Union Accounts

Checking Accounts \$ _____
 Regular Savings \$ _____
 Certificates of Deposit \$ _____
 Money Market \$ _____
 Other \$ _____

Total \$ _____

2. Securities and Investments

Money Market Funds \$ _____
 Other Mutual Funds \$ _____
 Stock/Bond Certificates \$ _____
 Notes/Trust Deeds \$ _____
 Other \$ _____

Total \$ _____

3. Real Estate At Today's Value

Personal Residence \$ _____
 Business Property \$ _____
 Rental Property \$ _____
 Deeds of Trust/Mortgage \$ _____
 Other \$ _____

Total \$ _____

4. Personal Property

Vehicles \$ _____
 Household (25% @ home value *) \$ _____
 Art/Antiques/Collectibles, etc. \$ _____
 Jewelry/Silverware/Furs, etc. \$ _____
 Other \$ _____

Total \$ _____

* Guideline only - for "average" household.

(Estate Financial Statement Continued)

5. Business Property

Value-Partnership Interests	\$ _____	
Value-Sole Proprietary Interests	\$ _____	
Total		\$ _____

6. Value of Insurance/Annuities/Pensions (Death Benefits)

Life Insurance	\$ _____	
Annuities	\$ _____	
IRA's, 401k's, Pensions	\$ _____	
Other	\$ _____	
Total		\$ _____

7. Miscellaneous

Expected Inheritances	\$ _____	
Other Property Not Listed	\$ _____	
Total		\$ _____

TOTAL ESTATE ASSETS: \$ _____

Estate Deductions

1. Liabilities

Mortgages	\$ _____	
Credit Cards	\$ _____	
Vehicles	\$ _____	
Other Debts	\$ _____	
Total		\$ _____

2. Planned Charitable Deductions \$ _____

TOTAL ESTATE DEDUCTIONS: -- \$ _____

TOTAL ESTATE VALUE: \$ _____