

# ESTATE PLANNING INFORMATION

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Name's as you wish them to appear on all of your legal documents:

Yours: \_\_\_\_\_

Spouse's: \_\_\_\_\_

Address: \_\_\_\_\_

## CHILDREN & OTHER HEIRS

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Please list the names of all children/heirs and their information (*ALL information is required*):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Deceased       Living

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Deceased       Living

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Deceased       Living

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Deceased       Living

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Deceased       Living

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

(  ) Deceased      (  ) Living

Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

(  ) Deceased      (  ) Living

Phone No.: \_\_\_\_\_

## APPOINTING REPRESENTATIVES

Name of Personal Representative (*person to handle your estate*):

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Successor Personal Representative (*alternate person to handle your estate*):

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Conservator (*person to handle finances of minor children*):

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Trustee (*person to handle finances of minor children if you do not want the child to have the assets until after age 19*):

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Guardian (*person to care for minor children if both you and your spouse are deceased*):

\_\_\_\_\_

Phone No.: \_\_\_\_\_

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## SPECIFIC BEQUESTS

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Please list any specific bequests (*personal property – money, jewelry, vehicles, guns, etc.*) or devises (*real property – land*) that you wish to make:

Name of person receiving property:

Property person is to receive:

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Who do you wish to receive the items that you have not specifically bequeathed or devised:

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And if that person or persons are deceased, who do you wish to receive these items:

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## ADVANCED DIRECTIVE FOR HEALTHCARE

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An Advanced Directive for Healthcare (ADHC) is a document stating that you do not wish extraordinary medical care in the event that you are terminally ill or permanently unconscious and unable to communicate your wishes.

Do you currently have an ADHC:    (\_\_\_) YES    (\_\_\_) NO

If you would like an ADHC, you will need to appoint a Health Care Proxy and/or Alternate Healthcare Proxy. Your Healthcare Proxy will communicate your wishes if you are unable to do so yourself.

### First Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Second Choice:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## DURABLE POWER OF ATTORNEY

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A Durable Power of Attorney is a document that gives another person the power to act on your behalf during your lifetime if you were to become incapacitated.

Do you currently have a Power of Attorney: (\_\_\_) YES    (\_\_\_) NO

If you would like a Power of Attorney, please list whom you would like to appoint:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_