

BASIC ESTATE PLANNING INFORMATION SHEET

Full name: _____

Address: _____

Phone: _____

Date of Birth: _____

Last Will and Testament

Executor: _____

Alternate Executor: _____

Address of Alternate: _____

Name(s) of Child(ren): _____ Age: _____

Guardian(s): _____

Guardian's City/State: _____

Alternate Guardian(s): _____

Alternate's City/State: _____

If you and your spouse die before your child(ren) reach 18, do you want your property to be placed in a trust for the benefit of your child(ren)?
If so, please complete the following:

Trustee: _____

Alternate Trustee: _____

Age child is to receive distribution (25,23, etc.): _____

Do you wish to leave all of your property to your spouse? _____

If not, then indicate how you wish to divide it: _____

Do you wish to include any charitable organizations in your estate plan? _____

If so, then complete the following:

Name of Charity: _____

Type of bequest (money, stocks, bonds, real estate): _____

Amount: _____

Do you have any specific bequests of personal property that you wish to leave to someone other than your spouse? _____

If so, please identify what and to whom: _____

*Note: If you own life insurance and you wish to have the insurance proceeds distributed according to the terms of your will, then you should name your estate as your beneficiary.

Healthcare Power of Attorney and Living Will

Who do you wish to be your decision maker if you are not competent to make your own medical decisions?

Name: _____

Address: _____

Phone Number: _____

Alternate decision maker:

Name: _____

Address: _____

Phone Number: _____

If you are in a condition where you are only living on life support and there is no reasonable chance of recovery, is it your desire that such life support be withdrawn? _____

General Power of Attorney

Who do you wish to be your decision maker if you are not competent to make your own financial decisions?

Name: _____

Address: _____

Alternate decision maker:

Name: _____

Address: _____