



**WILL**

**LIST THE RECIPIENTS** (Individuals, Church, Charities, Institutions) **OF SPECIAL BEQUESTS AND NAME THE ITEM TO BE GIFTED** (i.e. Cash, Jewelry, Collections, Art Works, etc.) Use reverse side if necessary.

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Special Bequest – Description</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**LIST BENEFICIARIES to inherit your estate** (Spouse, Children, Trust, etc.)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>General Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**REMOTE BENEFICIARIES to inherit your estate** (In event spouse/children predecease you)

	<u>Full Name</u>	<u>Address if not already listed</u>	<u>Bequest/Share of Estate</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**PROPOSED EXECUTOR and ALTERNATE EXECUTOR of your Will**

	<u>Full Name</u>	<u>Address if not already listed</u>
1)	Executor: _____	_____
2)	Alternate: _____	_____

**PROPOSED GUARDIAN for any minor children**

1)	Guardian: _____
2)	Alternate: _____

**PROPOSED HEALTH CARE PROXY WITH LIVING WILL**

Health Care Agent (person who will make medical decisions for you if you are not able to do so)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Phone No. \_\_\_\_/\_\_\_\_-\_\_\_\_

Address (if not already listed) \_\_\_\_\_

Relationship (spouse/son/daughter, etc.) \_\_\_\_\_

**Alternate Health Care Agent** (person who will make medical decisions for you if Agent unable to do so)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Phone No. \_\_\_\_/\_\_\_\_-\_\_\_\_

Address (if not already listed) \_\_\_\_\_

Relationship (spouse/son/daughter, etc.) \_\_\_\_\_

**PROPOSED DURABLE POWER OF ATTORNEY**

Attorney-in-Fact (person who will make financial decisions for you)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Phone No. \_\_\_\_/\_\_\_\_-\_\_\_\_

Address (if not already listed) \_\_\_\_\_

Relationship (spouse/son/daughter, etc.) \_\_\_\_\_

Alternate Attorney (person who will make financial decisions if Attorney-in-Fact is not able to do so)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Phone No. \_\_\_\_/\_\_\_\_-\_\_\_\_

Address (if not already listed) \_\_\_\_\_

Relationship (spouse/son/daughter, etc.) \_\_\_\_\_

\* Do you wish to have the Power of Attorney held in escrow until your doctor certifies that you are not competent to handle your financial affair.      YES \_\_\_\_      NO \_\_\_\_

**Do you currently have the following documents? If so, please bring copies to your appointment.**

Last Will & Testament YES/NO Date signed: \_\_\_\_\_

Durable Power of Attorney YES/NO Date signed: \_\_\_\_\_

Health Care Proxy YES/NO Date signed: \_\_\_\_\_

Revocable Trust YES/NO Date signed: \_\_\_\_\_

Irrevocable Trust YES/NO Date signed: \_\_\_\_\_

For whom are you Guardian? \_\_\_\_\_

For whom are you a Trustee? \_\_\_\_\_

**OTHER**

Last fiscal year you filed TAX RETURNS? \_\_\_\_\_

Preparer of tax returns?

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

If you have had previous ESTATE PLANNING work done, who was your ATTORNEY?

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Who is your CPA?

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Who is your FINANCIAL PLANNER/BROKER?

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

<b>ASSETS</b>	<b>Name and Location of Asset</b>	<b>Client</b>	<b>Joint with Others</b>
<b><u>CASH</u></b>		\$	\$
Savings Account(s), Checking Account(s), In "Shoe Box"			
Money Market			
CD's			
<b><u>SAFE DEPOSIT BOX:</u></b>			
<b><u>SECURITIES</u></b>			
Bonds, Brokerage Accounts, Stocks, etc			
<b><u>RETIREMENT BENEFITS</u></b>			
IRA, 401k, Pension (death benefit)			
<b><u>REAL PROPERTY</u></b>			
Home Residence, Vacation, Rental Property			
<b><u>PERSONAL PROPERTY</u></b>			
Cars, Boat(s), Collection(s) Antique(s)			
<b><u>INSURANCE POLICIES</u></b>			
Group & Individual			
<b><u>BUSINESS INTERESTS</u></b>			
Corp., Partnership., LLC incl. Real Property			
<b><u>INHERITANCES</u></b>			
<b><u>DEBTS</u></b>			
Mortgages, Credit Cards, Other			
<b>TOTALS</b>		\$	\$

\*Indicates assets held in trust