Estate Planning Information

Date:			
I.	<u>Client</u>	<u>nt</u>	
	a.	. Name:	
	b.	. Date of Birth:	
	c.	. Address:	
	d.	. Phone Number(s):	
	e.	. Email:	
II.	Spous	ase of Client	
	a.	. Name:	
	b.	. Date of Birth:	
	c.	. Address:	
	d.	. Phone Number(s):	
	e.	. Email:	
III.	<u>Childı</u>	<u>dren</u>	
	a.	. Name:	
		i. Date of Birth:	Age:
		ii. Address:	

b.	Name:		
		Date of Birth:	
		Address:	
c.			
		Date of Birth:	
		Address:	
d.			
		Date of Birth:	
		Address:	
e.	Name:		
	i.	Date of Birth:	Age:
	ii.	Address:	
f.	Name:		
	i.	Date of Birth:	Age:
	ii.	Address:	
g.	Name:		
		Date of Birth:	Age:
	ii	Address:	

IV. <u>Durable Power of Attorney</u>

a.	Name(s) and Address(es) of Attorney(s)-in-Fact for Client:
b.	Name(s) and Address(es) of Client's <u>Alternate</u> Attorney(s)-in-Fact:
0	Nama(s) and Addrass(as) of Attornay(s) in Fact for Spausas
C.	Name(s) and Address(es) of Attorney(s)-in-Fact for Spouse:
a	Name (a) and Address (as) of Change's Alternate Attenness (a) in Fact.
a.	Name(s) and Address(es) of Spouse's <u>Alternate</u> Attorney(s)-in-Fact:

V. Healthcare Power of Attorney

a.	Name(s), Address(es), and Phone Number(s) of Healthcare Agent(s) for Client:
b.	Name(s), Address(es), and Phone Number(s) of <u>Alternate</u> Healthcare Agent(s) for Client:
c.	Name(s), Address(es), and Phone Number(s) of Healthcare Agent(s) for Spouse:
d.	Name(s), Address(es), and Phone Number(s) of <u>Alternate</u> Healthcare Agent(s) for
	Spouse:

	Last Will and Testament
a.	Personal Representative(s) for Client:
b.	Alternate Personal Representative(s) for Client:
c.	Personal Representative(s) for Spouse:
d.	Alternate Personal Representative(s) for Spouse:
e.	Rest and residue to:
f.	Property owned by Client to be included in the Will:

VI.

Living Will

operty owned by Spouse to be included in the Will:
ner terms for Client's Will:
ner terms for Spouse's Will: