

Estate Planning Information

Date: _____

I. Client

- a. Name: _____
- b. Date of Birth: _____
- c. Address: _____
- d. Phone Number(s): _____
- e. Email: _____

II. Spouse of Client

- a. Name: _____
- b. Date of Birth: _____
- c. Address: _____
- d. Phone Number(s): _____
- e. Email: _____

III. Children

- a. Name: _____
 - i. Date of Birth: _____ Age: _____
 - ii. Address: _____

b. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

c. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

d. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

e. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

f. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

g. Name: _____

i. Date of Birth: _____ Age: _____

ii. Address: _____

IV. Durable Power of Attorney

a. Name(s) and Address(es) of Attorney(s)-in-Fact for Client: _____

b. Name(s) and Address(es) of Client's Alternate Attorney(s)-in-Fact: _____

c. Name(s) and Address(es) of Attorney(s)-in-Fact for Spouse: _____

d. Name(s) and Address(es) of Spouse's Alternate 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 Alternate 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 Alternate Healthcare Agent(s) for

Spouse: _____

VI. Living Will

- a. _____

VII. 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: _____

