

ESTATE PLANNING WORKSHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE #: Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SPOUSE INFORMATION (If applicable):**

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

Address (If Different): \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**CHILDREN INFORMATION (If applicable):**

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

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

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

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

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

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

*List any additional on the reverse side of this page*

**BENEFICIARY INFORMATION (If no children or if different from children listed):**

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

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

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

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

SECONDARY BENEFICIARY INFORMATION:

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

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

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

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

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

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

*List any additional on the reverse side of this page*

WILL:

Executor/Executrix: \_\_\_\_\_

Alternate Executor/Executrix: \_\_\_\_\_

Specific Distributions/Bequeaths (if any):

\_\_\_\_\_  
\_\_\_\_\_

➤ Would you like to Disinherit anyone? If so, who?: \_\_\_\_\_

\_\_\_\_\_

➤ Do you have minor children? If so, who are you designating as Guardian/Trustee?:

\_\_\_\_\_

➤ Would you like to be Buried or Cremated? *Circle one*

➤ Do you have a location for interment? If so, where? \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURABLE POWER OF ATTORNEY:**

Who would you like to be in charge of your finances?

Name of Agent: \_\_\_\_\_  
Address of Agent: \_\_\_\_\_  
Phone # of Agent: \_\_\_\_\_

Alternate Agent: \_\_\_\_\_  
Address of Alt. Agent: \_\_\_\_\_  
Phone # of Alt. Agent: \_\_\_\_\_

- Would you like the Power of Attorney to be Effective Immediately or Upon Incapacity? *Circle one*

**HEALTHCARE POWER OF ATTORNEY:**

Who would you like to have in charge of your medical decisions?

*Write "Same" if you are choosing the same Agent from your Durable Power of Attorney*

Name of Agent: \_\_\_\_\_  
Address of Agent: \_\_\_\_\_  
Phone # of Agent: \_\_\_\_\_

Alternate Agent: \_\_\_\_\_  
Address of Alt. Agent: \_\_\_\_\_  
Phone # of Alt. Agent: \_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_