

Child 5: Name: _____
Address: _____
Email: _____

Note: If any of the children listed under the first part of this section are under the age of 18 then you must fill out the remainder of this section. If no child is under the age of 18 then please skip to section 3.

Property Guardian

If you have a child(ren) under 18 who will be the financial guardian:

Financial Guardian: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

Personal Guardian

If you have child(ren) under 18 who will be the personal guardian:

Is this the same as the property guardian above? (Y____N____)

If no:

Personal Guardian: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

Trust Distribution:

Trustee: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

What ages do you want the funds distributed, for what purposes and how much?

3. Executor

Who will be your nominated personal representative for your estate?

Executor: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

4. Beneficiary

This section covers how you would like your assets to be distributed. Please answer each question that is relevant to your situation.

Primary Beneficiary:

1. If you are married, do you plan to leave your entire estate to your spouse? Y N
If no to whom:

2. If you are not married, do you plan to leave your entire estate to your children? Y N
If no to whom:

3. If you are not married and have no children, please list below the person, entity, or institution to which you wish to leave your entire estate.

Successor Beneficiary:

If your primary beneficiary listed above predeceases you then please list below the full legal name of the person or persons you would like to receive your assets.

Charitable Institutions (Optional):

Do you wish to leave part or all of your estate to charitable institutions? Y _____ N _____

If yes to what institution and how much:

Other Gifts or Devises (Optional):

If you have specific items you wish particular individuals to receive please list such items and the person receiving said items on the line below.

5. Financial / Durable Power of Attorney

a. Who will be your agent authorized to make financial decision for you in the event that you are hospitalized or incapacitated?

POA: Name: _____ Cell: _____
Address: _____
Email: _____

6. Advanced Healthcare Directive

a. Who will be your healthcare agent authorized to make decision for you in the event that you are hospitalized, unresponsive or incapacitated?

Primary Agent: Name: _____ Email: _____
Address: _____
Home: _____ Cell: _____
Work: _____

Contingent Agent: Name: _____ Email: _____
Address: _____
Home: _____ Cell: _____
Work: _____

b. Treatment Preferences:

Guardian: Y _____ N _____

If yes: Name: _____ Email: _____
Address: _____
Home: _____ Cell: _____
Work: _____

