

**LIFE PLANNING DOCUMENTS INFORMATION FORM**

**FULL Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please complete sections only for the documents you need.

**Last Will and Testament**

***For any person named below, please include FULL name and indicate his/her/their relationship to you, if any. Example: John James Doe (Brother)***

**Executor:** \_\_\_\_\_

**Alternate:** \_\_\_\_\_

**Beneficiary(ies):** \_\_\_\_\_

**Alternate(s):** \_\_\_\_\_

**Specific bequests & corresponding beneficiaries:** \_\_\_\_\_

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

***If you have minor Children, complete this section--***

**Name(s) of Child(ren) and DOB:** \_\_\_\_\_

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

**Person(s) you'd like to nominate as Guardian(s):** \_\_\_\_\_

\_\_\_\_\_  
**Alternate(s):** \_\_\_\_\_

Person(s) you'd like to appoint as Trustee(s): \_\_\_\_\_

\_\_\_\_\_  
Alternate(s): \_\_\_\_\_

Specifications/Restrictions on Trust, if any: \_\_\_\_\_

\_\_\_\_\_  
Age of child(ren) when Trust is to be distributed: \_\_\_\_\_

**Durable Power of Attorney**

Durable POA to go into effect:

Upon Signing       Upon incapacitation, as determined by a physician ("Springing")

Attorney-in-Fact: \_\_\_\_\_

Address of Attorney-in-Fact: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate: \_\_\_\_\_

Address of Alternate: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own real estate? \_\_\_\_ Yes \_\_\_\_ No

If yes, list address(es) of real property: \_\_\_\_\_

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

**Designation of Health Care Surrogate/Living Will**

Name of Health Care Surrogate: \_\_\_\_\_

Phone Number of Health Care Surrogate: \_\_\_\_\_

Alternate: \_\_\_\_\_

Phone Number of Alternate: \_\_\_\_\_

