

**I. Personal Information:**

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

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Telephone: home \_\_\_\_\_ work \_\_\_\_\_

Marital Status:     \_\_\_ Single     \_\_\_ Married     \_\_\_ Divorced     \_\_\_ Widowed

Previous Marriage:                    YES                    NO

Children to Previous Marriage:       YES                    NO

Children:	Names:	Ages:	Father/Mother of Child:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(If more continue on back)

Beneficiaries (Other than Children):

Names:	Ages:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(If more continue on back)

**II. Information About Your Will:**

**1. Do you have a previous will?**    \_\_\_\_ Yes    \_\_\_\_ No  
(If so please provide a copy for our review)

**2. Executor:** Your Executor is the person authorized to administer your estate; an Executor may either be an individual or corporate fiduciary. If an individual is selected a substitute should be selected. **Your spouse can be selected to act as Executor.**

**Executor:**

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

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

**Substitute Executor:**

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

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

**3. Trustee:** A Trustee must be named if you intend to set up a trust with your will. A Trustee holds funds; is responsible for investments; and distributes funds in accordance with the terms of the trust for the benefit of the named beneficiaries. **Your spouse can be selected to act as Trustee.** A substitute should be named in the event your first selection should predecease you.

**Trustee:**

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

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

**Substitute Trustee:**

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

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

**4. Guardian:** If you have minor children or may have children in the future you should name a Guardian. **Your spouse can be selected to act as Guardian.** A substitute Guardian should also be named in the event your first selection should predecease you.

**Guardian:**

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

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

**1st Substitute Guardian:**

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

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

**2nd Substitute Guardian:**

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

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

Sometimes the person that you would choose to be the guardian over your children might be a person who will be a great caretaker and parent for your children, but would not be your first choice to manage your children’s finances. In situations like these, you may wish to appoint two people, one to be the guardian of your children and another to manage your children’s finances. If this is the case, please name someone to be the trustee over your children’s finances. A substitute trustee should also be named in the event your first selection predeceases you.

**Trustee over Children’s Finances:**

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

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

**1st Substitute Trustee:**

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

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

**2nd Substitute Trustee:**

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

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

**5. Age of Distribution for Minor Beneficiaries:**

If you have minor beneficiaries under your will, you may not want their share of your assets to be given to them while they are still a minor. You can use language in your will to control when and how much is distributed to your minor beneficiaries. Example: 1/3 at age 18, 1/3 upon completion of college or at age 22, and 1/3 at age 30. Please state below how you would like for your minor beneficiaries’ share to be distributed.

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

**6. Distribution of Estate:**

Please explain how wish your estate to be distributed, including any specific gifts:

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(If more space is needed please continue on back.)

**III. General Financial Power of Attorney:**

A Power of Attorney appoints an agent to handle your business affairs in the event you cannot handle them yourself due to mental incapacity or unconsciousness. A substitute agent should also be named.

**Agent:**

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

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

**Substitute Agent:**

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

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

**IV. Health Care Power of Attorney:**

A HCPOA appoints an agent to make health care decisions for you in the event you are unable to make the decisions yourself due to incapacity or unconsciousness. A substitute agent should also be named.

**Health Care Agent:**

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

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

**Substitute Agent:**

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

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

The standard HCPOA also includes an Advanced Directive or Declaration of Desire for Natural Death (Living Will). The Advanced Directive expresses your desires about the use of extraordinary treatment or artificial nutrition and hydration to keep you alive if you are in a terminal and incurable condition, a persistent vegetative state (coma), or in an advanced stage of dementia. At the time of signing the HCPOA, you will be given the opportunity to state your desires on the form.

**V. Provisions for Pets:**

If you would like to name a guardian for your pets, please do so below. Also if a person is selected, please provide a substitute.

**Guardian for Pets:**

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

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

**Substitute Guardian:**

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

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

**VI. Miscellaneous Information:**

If you would like to provide any additional information regarding your wishes for your Will planning, please do so below.

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