

I. Appointments. Please identify who you want to serve for the appointments listed below. Commonly, each spouse will serve for the other first, and then you will name two successors. If both of you are close to certain people, it's okay to name the same appointments for both of your sets of documents. Alternatively, you can name different people. I suggest, however, that you name the same successor persons to serve as your executor and trustee (there's a lot of overlap between the duties of an executor and a trustee).

Financial appointments

1. *Executor of Last Will and Testament:* this person serves to, among other things, prove up your Will in probate court, take an inventory of assets, issue notice to creditors, cause your estate to be closed, and distribute property per the terms of your Will.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

2. *Trustee:* this person will manage and distribute trust assets according to the terms of your trust agreement. Trust assets are different from the property distributed under your Will. We can discuss having someone be a "trustee to the trustee" if there are any concerns over inappropriate management and distribution of trust assets.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

3. *Financial Power of Attorney:* this person will have control over your financial affairs during your life. We will discuss whether you want this power to be immediate or only active during times of incapacity.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

4. *Guardian of Estate:* this person is responsible for ensuring, namely, that your bills get paid and funds are used for your daily living during periods of incapacity.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

Medical appointments

5. *Medical Power of Attorney*: this person is responsible for making medical decisions on your behalf during a period of incapacity.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

6. *Agent for Healthcare Directive*: although similar to a Medical Power of Attorney, this person has the exclusive power to authorize life sustaining treatment to be withheld or to mandate life sustaining treatment to be continued. This person must follow your express instructions as recorded on your Healthcare Directive (commonly referred to as a "Do No Resuscitate").

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

7. *HIPPA authorization*: this person is authorized to receive and transfer your medical records.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

8. *Guardian of Person*: this person is responsible for, namely, clothing, feeding, and ensuring your daily living needs are met.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

9. *Agent for Disposition of Remains*: this person must follow your wishes for disposition of remains, such as burial or cremation. Alternatively, if you do not designate burial wishes, this person has the exclusive authority to decide on disposition decisions.

Successor 1 Address	Successor 2 Address
Email Phone Number	Email Phone Number

II. Assets. Please provide the following:

<u>Account Type</u>	<u>Approximate Value</u>
Checking and Savings:	
Retirement accounts:	
Business ownership:	
Auto:	
Home:	
Jewelry:	
Life Insurance cash value:	
Annuities:	
Inheritance (outright):	
Miscellaneous if significant value:	

Do you have a pre-nuptial or post-nuptial agreement? Yes No
If "Yes", please explain:

Did you have any property of significant value prior to marriage? Yes No
If "Yes", please explain:

Are you a current or an expected beneficiary of a significant inheritance (from parents, grandparents, etc.) Yes No
If "Yes", please explain:

Do you own any business interest that is not also owned, in part, by your spouse? Yes No
If "Yes", please explain:

Do you intend to expand your current business? Yes No
If "Yes", please explain:

III. Specific Gifts. Please list items of specific property, if any, that you wish to be given to a specific person, entity, or charitable organization. For example, a family ring given to a favorite nephew or a painting given to your favorite charity:

IV. Excluded Persons. Please list any persons, if any, for whom you wish to expressly remove from receiving any beneficial interest in your assets:

V. Descendants. Please provide names and dates of birth of all children and grandchildren (if applicable):

Do any of your children have special needs requirements? Yes No

VI. Personal Data. Please provide the following for each of you:

Full Name:
Date of Birth:
Primary Address:
Preferred Contact Number:
Email Address:
Emergency Contact and Phone Number (other than spouse):

Full Name:
Date of Birth:
Primary Address:
Preferred Contact Number:
Email Address:
Emergency Contact and Phone Number (other than spouse):