

WILL AND POWER OF ATTORNEY PLANNING SHEET

Date _____
Home Telephone _____
Business Telephone _____
Email address _____

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Bring this information with you to the appointment. Please list names as they would appear on legal documents.

If you currently have a will or other estate planning documents, please provide a copy during our conference.

PERSONAL DATA

Full Name _____
(Print name as shown on your checks)

Address _____

Zip _____

Birth Date _____
Social Security # _____

U.S. Citizen? Yes _____ No _____

CHILDREN

Are there any special issues or problems relating to any of your children?

Do you have any deceased children? If so, did your child leave any children? If yes, do you want to made special provisions for them

Were you or your spouse married before? _____

If yes, were any children born of these prior marriages? _____

How were these marriages terminated? _____

Have you or your spouse entered into a Prenuptial Agreement? _____

If yes, please provide a copy.

Is anyone else dependent on you for your support? _____

Do you have any current major health problems that should be taken into consideration?

Do these matters affect your insurability? _____

REFERRAL

By whom were you referred to this office?

1. DISPOSITIVE INTENTIONS

A) Do you wish to provide primarily for your spouse and secondarily for your children:

Yes _____ No _____

Do you wish to treat all of your children equally? Yes _____ No _____

After your spouse=s death, at what age do you want distribution to your children?

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)

Your choice of age: _____

If you wish to have an unequal treatment of your children, please state your wishes;

B) Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes _____ No _____

If so, do you wish to treat them equally? Yes _____ No _____

If so, how much? _____

Your choice of age: _____

For what purpose? _____

C) Do you want to leave a specific amount of money or other assets to any charity?

Yes _____ No _____
If so, how much? _____
Name and Address of Charity _____

D) If you have no children, who do you wish to provide for in your Will?

E) **EXECUTOR**

Who do you wish to serve as your Executor? (Your spouse is generally the primary choice).

First Choice _____

Second Choice _____

A) SUCCESSOR EXECUTOR

Who do you want to serve as successor executor, should your first choice be unable to do so?

First choice _____

Second Choice _____

3) GUARDIAN

Who do you want to act as Guardian of your minor children?

First Choice _____

Second Choice _____

4) DURABLE HEALTH CARE POWER OF ATTORNEY

Do you want a Health Care P. O. A. to provide for withdrawal of artificial food and fluid?

Yes _____ No _____

Do you want to donate your eyes or organs? Yes _____ No _____

Do you want your Health Care Representative to consult with any other person prior to acting?

Yes _____ No _____

Name of proposed Health Care Agent (usually family member or friend)

Address of proposed Health Care Agent _____

Zip _____

Name of proposed Alternate Health Care Agent _____

Zip _____

What is the name and address of your primary care physician and hospital affiliation?

5) POWER OF ATTORNEY

Name and address of proposed Financial Agent (usually family member or friend)

Name and address of proposed Alternate Financial Agent _____

CHILDREN (If applicable)

CHILD=S NAME

ADDRESS W/ZIP CODE

DATE OF BIRTH

GRANDCHILDREN (if applicable)

GRANDCHILD=S NAME

ADDRESS W/ZIP CODE

DATE OF BIRTH

BURIAL WISHES

A) Do you wish cremation or cemetery burial _____

B) Do you currently own a burial plot and if so where _____

C) If not, and you wish cemetery burial, please name preference _____
