

**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**

(Husband)  
Full Name \_\_\_\_\_  
(Print name as shown on your checks)

(Wife)  
Full Name \_\_\_\_\_  
(Print name as shown on your checks)

Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

(Husband)  
Birth Date \_\_\_\_\_

(Wife)  
Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRANDCHILDREN** (if applicable)

GRANDCHILD=S NAME	ADDRESS W/ZIP CODE	DATE OF BIRTH
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BURIAL WISHES**

A) Do you wish cremation or cemetery burial \_\_\_\_\_

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

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

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