

ESTATE PLANNING WORKSHEET

Please each complete both parts of this worksheet, tailoring it to your personal documents. If the information does not apply, please write N/A in the space provided.

YOUR FULL NAME: _____

PART I – NAMES ONLY

(contact information to be completed in PART II of this worksheet)

LAST WILL AND TESTAMENT: please list all applicable names (e.g. Co-Executors, multiple beneficiaries)

Executor/Executrix:	
Alternate Executor/Executrix:	
Successor Alt. Executor/Executrix:	
Primary Beneficiary of Residuary Estate:	
Secondary Beneficiary of Residuary Estate (if Primary Beneficiary has predeceased):	

TRUSTEE (IF APPLICABLE): please list all applicable names (e.g. Co-Trustees)

Trustee:	
Alternate Trustee:	

GUARDIAN (IF APPLICABLE): please list all applicable names (e.g. multiple Guardians)

Guardian:	
Alternate Guardian:	

SPECIFIC BEQUESTS (IF APPLICABLE): please add additional pages if necessary

Name:		Bequest:	
Name:		Bequest:	
Name:		Bequest:	

POWER OF ATTORNEY INFORMATION: please list all applicable names (e.g. Co-Agents)

POA Primary Agent:	
POA Alternate Agent:	
POA Successor Alt. Agent:	

HEALTH CARE PROXY INFORMATION: please list all applicable names (e.g. Co-Agents)

Health Care Proxy Agent:	
Alternate Health Care Proxy Agent:	
Successor Alt. Health Care Proxy Agent:	

PART II – CONTACT INFORMATION

(Please be sure to complete this information for each and every person named in PART I)

Full Name: _____ Relationship: _____

Address: _____ Phone Number: _____

_____ Alt. Phone: _____

_____ Date of Birth: _____

Full Name: _____ Relationship: _____

Address: _____ Phone Number: _____

_____ Alt. Phone: _____

_____ Date of Birth: _____

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_____ Date of Birth: _____

Please ensure that you have complete contact information for each and every person named in PART I of this form and attach additional pages if necessary.

