

Estate Planning Worksheet

Please complete both parts of this worksheet, tailoring it to your personal documents. If the information is the same for both Clients 1 and 2, just enter the data under Client 1 – no need to do extra work! If the information does not apply, please write N/A in the space provided or leave it blank. Thank you!

Name(s)

Client 1

Client 2

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)*

	Client 1	Client 2
Executor/Executrix		
Alternate Executor/Executrix		
Successor Alt. Executor/Executrix		
Primary Beneficiary of Residuary Estate		
Secondary Beneficiary of Residuary Estate <i>(if Primary Beneficiary has predeceased)</i>		

TRUSTEE (if applicable): *please list all applicable names (e.g., Co-Trustees)*

	Client 1	Client 2
Trustee		
Alternate Trustee		

GUARDIAN (if applicable): *please list all applicable names (e.g., multiple Guardians)*

	Client 1	Client 2
Guardian		
Alternate Guardian		

SPECIFIC BEQUESTS (if applicable): *please add additional pages if necessary.*

			Client 1	Client 2
Name:		Bequest:		
Name:		Bequest:		



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

	Client 1	Client 2
POA Primary Agent		
POA Alternate Agent (if applicable)		
POA Successor Alt. Agent (if applicable)		
Agents to act separately on all matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agents to act together on all matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

	Client 1	Client 2
Health Care Proxy Agent		
Alternate Health Care Proxy Agent		
Successor Alt. Health Care Proxy Agent		

AGENT TO HANDLE DISPOSITION OF REMAINS

	Client 1	Client 2
Would you like to give specific instructions within in your Will to your Executor for the disposition of your remains?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please attach a description of your wishes. For example, you can designate your preference for funeral homes; specify your preference for cremation or burial; mandate the type of viewings or religious services you wish; or the naming of a particular person to oversee arrangements.</i>		



PART II – CONTACT INFORMATION

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

Full Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alt. Phone _____

Email _____ Date of Birth _____

Full Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alt. Phone _____

Email _____ Date of Birth _____

Full Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alt. Phone _____

Email _____ Date of Birth _____

Full Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alt. Phone _____

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_____ Alt. Phone _____
Email _____ Date of Birth _____

Full Name _____ Relationship _____
Address _____ Phone Number _____
_____ Alt. Phone _____
Email _____ Date of Birth _____

Full Name _____ Relationship _____
Address _____ Phone Number _____
_____ Alt. Phone _____
Email _____ Date of Birth _____

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

THANK YOU!

We appreciate you taking the time to complete this worksheet.

