

WILL/POA INFORMATION

(Please fill out and bring with you to your scheduled appointment)

YOUR FAMILY

Your Full Name

Address _____

Phone Number _____

Other names used (a/k/a): _____

Date of Birth _____

Are you A U.S. Citizen? ___ Yes ___ No

Social Security Number _____

Have you ever filed a gift tax return? ___ Yes ___ No

Do you anticipate receiving and inheritance in the future? ___ Yes ___ No

Your Spouse's/Partner's Full Name _____

Children:

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

YOUR DESIRES

Personal Representative. This person will collect all of your assets, pay all bills, and make distributions to the beneficiaries. (also known as Executor). Please list in order in which they would serve.

1.

2.

Guardian. This person will take care of your minor children. Please list in the order in which they would serve.

1.

2.

Financial Agents. This person will manage your assets via a Power of Attorney in the event you become incapacitated. Please list in the order in which they would serve.

1.

2.

Medical Agents. This person will make decisions via a Power of Attorney concerning your medical care in the event you become incapacitated. Please list the order in which they would serve.

1.

2.

If possible, list the names of any other individuals or institutions who might receive a gift from you through your will or trust. If you are planning to leave a gift to a charitable institution, please supply the exact name of the charitable institution.

Name: _____

Address: _____

Name: _____

Address: _____

YOUR ASSETS

Institution

Beneficiary

Current Value

Checking & Savings

Money Market Funds

CDs

Stocks & Stock Funds

Annuities

Real Estate

Life Insurance (Face Amount)

IRAs/Retirement Plan