

GENERAL INFORMATION

	<u>CLIENT</u>	<u>SPOUSE</u>
Full Name:	_____	_____
Date of Birth:	_____	_____
Social Security Number:	_____	_____
Home Mailing Address:	_____	_____
	_____	_____

Children

Full Names	Dates of Births
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specific Beneficiaries

Please complete Section at the end of this document regarding Specific Gifts to Individual family members and other potential beneficiaries.

Residuary Beneficiaries

Who is the person(s) you designate to inherit your assets upon your passing.

_____	_____
_____	_____
_____	_____
_____	_____

Contingent Beneficiaries

If the residuary beneficiaries are not living or is in existence at the time of passing, all assets shall pass to:

_____	_____
_____	_____
_____	_____

FIDUCIARIES

Personal Representative "Executor"

Primary

CLIENT

SPOUSE

Full Name:

Phone Number:

Home Mailing Address:

Secondary

Full Name:

Phone Number:

Home Mailing Address:

Guardian: A guardian is a court approved individual who makes decisions regarding a minor child's support, care, education, health, and welfare.

CLIENT _____ **SPOUSE** _____

Primary

Full Name: _____

Phone Number: _____

Home Mailing Address: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Secondary

Full Name: _____

Phone Number: _____

Home Mailing Address: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Agent with Financial Power of Attorney: An agent with financial power of attorney is a person authorized to make financial decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for yourself while you have capacity or to make those decisions for you in the event that you are incapacitated.

CLIENT _____ **SPOUSE** _____

Primary

Personal Representative: _____

Full Name: _____

Phone Number: _____

Home Mailing Address: _____

Secondary

Personal Representative: _____

Full Name: _____

Phone Number: _____

Home Mailing Address: _____

Agent with medical power of attorney: An agent with medical power of attorney is a person authorized to make medical and healthcare decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for yourself while you have capacity or to make those decisions for you in the event that you are incapacitated.

Primary

CLIENT

SPOUSE

Personal Representative:

Full Name:

Phone Number:

Home Mailing Address:

Secondary

Personal Representative:

Full Name:

Phone Number:

Home Mailing Address:
