



ESTATE PLAN DESIGNATIONS

**WILL**

**Nomination of Executor:**

An Executor administers your estate after you pass away. Choose a trusted individual to follow your wishes.

Executor #1 Primary	Name: _____ Address: _____ _____ Phone: _____ E-mail: _____ Relationship: _____
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Executor #2 Backup	Name: _____ Address: _____ _____ Phone: _____ E-mail: _____ Relationship: _____
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**Distributions:**

How would you like your property distributed upon your passing?

In Equal Shares To My Children  If a beneficiary is deceased, to their issue (descendants)

**Trusts for Minor Beneficiaries:**

If your beneficiaries are minors, you can set up a trust for their benefit until the beneficiary(ies) reach(es) a particular age(s) at which time distributions are mandatory. At what age(s) would you like them to receive the assets? (check one)

Beneficiaries receive all assets at age 25.

Beneficiaries receive 1/3 at age 25, 1/3 at age 30, and age 1/3 at 35.

Beneficiaries receive 1/2 at age 25, and 1/2 at age 35.

Custom: \_\_\_\_\_

**Would you like to make any special distributions to churches, schools, friends, etc.?**

No Special Distributions

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Item or Cash <i>("my wedding ring", "\$5,000")</i>	To <i>(Name of person or entity to receive)</i>	Relationship <i>(my friend, my brother, our children)</i>

**If a beneficiary listed above predeceases you, what should happen to the distribution?**

- The distribution fails and the item stays in your estate.  
 The distribution goes to the beneficiary's issue (children).

*There is a notes section at the end of the questionnaire where you can provide me with additional instructions if needed.*

**What are your burial beliefs? (check one)**

Cremation /  Burial /  Let my representative decide

**Instructions for Burial?**

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**Who would you like to designate as your representative for the final disposition of your remains? (Who would make arrangements for your funeral or cremation?)**

- I want the person checked below as my  primary  backup representative.  
 Same as Executor #1  Same as Executor #2  
 Other Final Disposition Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I want the person checked below as my  primary  backup representative.

Same as Executor #1  Same as Executor #2

Other Final Disposition Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Guardianships for Minor Children:

	Primary		Alternate
Name	_____	Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Relationship	_____	Relationship	_____

### ADVANCE HEALTH CARE DIRECTIVES

#### Nomination of Agents:

Agent for health care makes medical decisions for you if you are incapacitated during your lifetime.

#### First Successor Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

#### Second Successor Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**End of Life Designations:**

If you are in an irreversible condition from which medical professionals determine you will not recover, would you like doctors to prolong your life or remove you from life support?

- Remove from Life Support
- Sustain Life by Artificial Means

If you are in an irreversible condition from which medical professionals determine you will not recover, would you accept pain medication even if it hastens your passing? (check one)

- Yes /  No

Would you like to be an organ donor? (check one)

- No Organ Donation
- Donation - Transplant Only
- Donation - Research/Education Only
- Donation - All Purposes

Any requests/restrictions for health care?

**Personal Physicians:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**POWERS OF ATTORNEY (POA) FOR BUSINESS/FINANCE**

**Nomination of Agents:**

An agent for business and finance makes business and financial decisions in the event of your incapacitation.

**First Successor POA Agent**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Powers  Immediately/At signing  
Effective  Upon my incapacity

**Second Successor POA Agent**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Powers  Immediately/At signing  
Effective  Upon my incapacity

Questions For Consultation/ Notes