

ESTATE PLANNING

ASSET DISTRIBUTION

How would you like your assets to be distributed? What percentage and to whom?



Name	Percent	Contact Information

If you have kids and you've left a portion of your estate to them, at what ages would you want distributions to be made?



Name	Age

What other gifts would you like to leave from your estate?

*This could be monetary sums or a physical gift/property.



Name	Gift	Contact Information

ASSET DISTRIBUTION

Are there any charities you would like to support?



Organization	Amount or %

Which financial institutions do you have accounts with?



Account	Financial Institution

What are the addresses of your owned real estate



Address(es)

ADDITIONAL INFORMATION

GUARDIANS

Choose who will care for your children or incapacitated loved ones, including personal and medical needs; guardians differ from trustees

Guardian	Notes
Primary:	
Backup:	
Backup:	

EXECUTORS & TRUSTEE

Executors settle your estate and debts; trustees manage and distribute trust assets according to your plan's terms.

Name	Executor or Trustee	Contact Information
Primary:		
Backup:		
Backup:		

MEDICAL POWER OF ATTORNEY

An Advanced Medical Directive names someone to follow your healthcare wishes and make medical decisions if you cannot.

Name	Contact Information
Primary:	
Backup:	
Backup:	

FINANCIAL POWER OF ATTORNEY

A financial power of attorney appoints someone to manage your financial and legal affairs on your behalf.



Name	Contact Information
Primary:	
Backup:	
Backup:	

ADDITIONAL INFORMATION

END OF LIFE CONSIDERATIONS

What would you like to happen with your body? What sort of memorial/ funeral do you want to have?



Plans for your body	Plan's for your memorial/funeral

What are your preferences for medical care and instructions to allow or reject life support?



Notes

What are the addresses of your owned real estate



Adress(es)

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