

ESTATE PLANNING
INFORMATION SHEET

Last Will and Testament

Your name as it should appear in Will: (Please print)

_____ County/State _____

Address: _____

Telephone: _____

Names of beneficiaries as they should appear in Will: (Please print)

Name(s) of Personal Representative/Co-Personal Representative/Alternate Personal Representative(s) as name(s) should appear in Will: (Please print)

Power of Attorney

Your name as it should appear in Power of Attorney: (Please print)

_____ County/State _____

Address: _____

Telephone: _____

Name(s) of Attorney(s)-in-Fact: (Please print)

_____ County/State _____

_____ County/State _____

_____ County/State _____

Name(s) of Alternate Attorney(s)-in-Fact: (Please print)

_____ County/State _____

_____ County/State _____

_____ County/State _____

Health Care Power of Attorney

Your name as it should appear in Health Care Power of Attorney: (Please print)

_____ County/State _____

Address: _____

Telephone: _____

Health Care Agent(s): (Please print) – (Each of the named persons is authorized to act alone or together in his/her capacity as Health Care Agent.)

Name: _____
Home Address: _____
Home Telephone Number: _____

Name: _____
Home Address: _____
Home Telephone Number: _____

Name: _____
Home Address: _____
Home Telephone Number: _____

Alternate Health Care Agent(s): (Please print) – (Each of the named persons is authorized to act alone or together in his/her capacity as Health Care Agent.)

Name: _____
Home Address: _____
Home Telephone Number: _____

Name: _____
Home Address: _____
Home Telephone Number: _____

Name: _____
Home Address: _____
Home Telephone Number: _____