

**Name(s):** \_\_\_\_\_

**REVOCABLE TRUST**

Trust name: \_\_\_\_\_

Successor Trustees (in order of priority):

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

4. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

Beneficiaries:

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

Notes:

Contingent Beneficiaries:

1. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

Notes:

Age(s) of Distribution(s) for Beneficiaries and Contingent Beneficiaries:

Age of first distribution: \_\_\_\_\_ Amount/percentage: \_\_\_\_\_

Additional requirement: \_\_\_\_\_

Age of second distribution: \_\_\_\_\_ Amount/percentage: \_\_\_\_\_

Additional requirement: \_\_\_\_\_

Age of third distribution: \_\_\_\_\_ Amount/percentage: \_\_\_\_\_

Additional requirement: \_\_\_\_\_

Notes:

Pet Guardian(s), if applicable (in chronological order):

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

**LAST WILLS AND TESTAMENTS**

Guardian(s) of minor children, if applicable:

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

4. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

Interim/Temporary Guardian(s) of minor children, if applicable:

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

4. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

Will for (client A): \_\_\_\_\_

Executors (in chronological order):

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

4. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

Will for (client B): \_\_\_\_\_

Executors (in chronological order):

1. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

3. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

4. Name(s): \_\_\_\_\_

Relation(s): \_\_\_\_\_

Notes:

FINANCIAL POWERS OF ATTORNEY

Property POA for (client A): \_\_\_\_\_

Effective upon: [ ] signing [ ] written determination of incapacity by your physician

Agents (in order of priority):

1. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

4. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

**Property POA for (client B):** \_\_\_\_\_

Effective upon: [ ] signing [ ] written determination of incapacity by your physician

Agents (in order of priority):

1. Name: \_\_\_\_\_

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

**Relation:** \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

**Relation:** \_\_\_\_\_

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

3. Name: \_\_\_\_\_

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

**Relation:** \_\_\_\_\_

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

4. Name: \_\_\_\_\_

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

**Relation:** \_\_\_\_\_

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

**HEALTH CARE POWERS OF ATTORNEY**

Health Care POA for (client A): \_\_\_\_\_

Agents (in order of priority):

1. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

4. Name: \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

**Health Care POA for (client B): \_\_\_\_\_**

**Agents (in order of priority):**

**1. Name: \_\_\_\_\_**

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

**Relation: \_\_\_\_\_**

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

**2. Name: \_\_\_\_\_**

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

**Relation: \_\_\_\_\_**

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

**3. Name: \_\_\_\_\_**

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

**Relation: \_\_\_\_\_**

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

**4. Name: \_\_\_\_\_**

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

**Relation: \_\_\_\_\_**

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