

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

**LAST WILL AND TESTAMENT**

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:

Executors/Personal Representatives (in order of priority order):

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

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

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

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

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

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

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

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

Notes:

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:

Age(s) of Distribution(s) for 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 order of priority):

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

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

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

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

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

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

Notes:

**PROPERTY POWER OF ATTORNEY**

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

Agents (in order of priority):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HEALTH CARE POWERS OF ATTORNEY**

Agents (in order of priority):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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