

Name: _____

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 order of priority):

1. Name(s): _____ Relation(s): _____

2. Name(s): _____ Relation(s): _____

3. Name(s): _____ Relation(s): _____

Notes:

LAST WILL AND TESTAMENT

Guardian(s) of minor children, if applicable (if planning with partner/spouse, the Guardian(s) **must** be the same):

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 (if planning with partner/spouse, the Guardian(s) **must** be the same):

1. Name(s): _____ Relation(s): _____

2. Name(s): _____ Relation(s): _____

3. Name(s): _____

Relation(s): _____

4. Name(s): _____

Relation(s): _____

Notes:

Executors (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:

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 POWER OF ATTORNEY

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: _____

ADDITIONAL INFORMATION