

## ESTATE PLANNING WORKSHEET

Please each complete both parts of this worksheet, tailoring it to your personal documents. If the information does not apply, please write N/A in the space provided.

**YOUR FULL NAME:** \_\_\_\_\_

### PART I – NAMES ONLY

(contact information to be completed in PART II of this worksheet)

**LAST WILL AND TESTAMENT:** please list all applicable names (e.g. Co-Executors, multiple beneficiaries)

Executor/Executrix:	
Alternate Executor/Executrix:	
Successor Alt. Executor/Executrix:	
Primary Beneficiary of Residuary Estate:	
Secondary Beneficiary of Residuary Estate (if Primary Beneficiary has predeceased):	

**TRUSTEE (IF APPLICABLE):** please list all applicable names (e.g. Co-Trustees)

Trustee:	
Alternate Trustee:	

**GUARDIAN (IF APPLICABLE):** please list all applicable names (e.g. multiple Guardians)

Guardian:	
Alternate Guardian:	

**SPECIFIC BEQUESTS (IF APPLICABLE):** please add additional pages if necessary

Name:		Bequest:	
Name:		Bequest:	
Name:		Bequest:	

**POWER OF ATTORNEY INFORMATION:** please list all applicable names (e.g. Co-Agents)

POA Primary Agent:	
POA Alternate Agent:	
POA Successor Alt. Agent:	

**HEALTH CARE PROXY INFORMATION:** please list all applicable names (e.g. Co-Agents)

Health Care Proxy Agent:	
Alternate Health Care Proxy Agent:	
Successor Alt. Health Care Proxy Agent:	

**PART II – CONTACT INFORMATION**

*(Please be sure to complete this information for each and every person named in PART I)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_



Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
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Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please ensure that you have complete contact information for each and every person named in PART I of this form and attach additional pages if necessary.*

