

Estate Planning Worksheet

Please complete both parts of this worksheet, tailoring it to your personal documents. If the information is the same for both Clients 1 and 2, just enter the data under Client 1 – no need to do extra work! If the information does not apply, please write N/A in the space provided or leave it blank. Thank you!

Name(s)

Client 1

Client 2

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)

	Client 1	Client 2
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)

	Client 1	Client 2
Trustee:		
Alternate Trustee:		

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

	Client 1	Client 2
Guardian:		
Alternate Guardian:		

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

			Client 1	Client 2
Name:		Bequest:		
Name:		Bequest:		



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

	Client 1	Client 2
POA Primary Agent:		
POA Alternate Agent:		
POA Successor Alt. Agent:		

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

	Client 1	Client 2
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 every person named in PART I)

Full Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alt. Phone	_____
Email	_____	Date of Birth	_____
Full Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alt. Phone	_____
Email	_____	Date of Birth	_____
Full Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alt. Phone	_____
Email	_____	Date of Birth	_____



Full Name _____ Relationship _____
Address _____ Phone Number _____
_____ Alt. Phone _____
Email _____ Date of Birth _____

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Email _____ Date of Birth _____

Full Name _____ Relationship _____
Address _____ Phone Number _____
_____ Alt. Phone _____
Email _____ Date of Birth _____

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

THANK YOU!

We appreciate you taking the time to complete this worksheet.

