

ESTATE PLANNING QUESTIONNAIRE

WILLS:

Name of person making Will: _____

Address of person making Will: _____

Date of Birth: _____ Marital Status: _____ Phone No: _____

Spouse's name: _____

Spouse's address: _____

Children's Names & Ages

Children's Address

Beneficiaries other than Spouse and Children:

Specific Bequests:

How - Or to Whom - Property to be Distributed:

Name and Address of Proposed Personal Representative & Alternate Personal Representative::

Name and Address of Proposed Guardian of Minor Children or Alternate Guardian:

Name and Address of Proposed Conservator of Minor Children or Alternate Conservator:

Name and Address of Proposed Trustee or Alternate Trustee:

ASSETS OF ESTATE:

<u>Description of Asset:</u>	<u>Approximate Value:</u>
1. Real Property _____	\$ _____
2. Vehicle _____	\$ _____
3. Vehicle _____	\$ _____
4. Bank Account _____	\$ _____
5. Bank Account _____	\$ _____
6. Retirement Plan _____	\$ _____
7. Pension Plan _____	\$ _____
8. Stocks _____	\$ _____
9. Bonds _____	\$ _____
10. Jewelry _____	\$ _____
11. Household Items _____	\$ _____
12. Other _____	\$ _____
13. Other _____	\$ _____
14. Other _____	\$ _____
15. Other _____	\$ _____

OTHER PERTINENT INFO:

HEALTH CARE POWER OF ATTORNEY/LIVING WILL:

1. Name and address of person you direct to handle medical issues for you should you become incapacitated:

2. Name and address of alternate person you direct to handle medical issues for you should you become incapacitated:

3. With regard to autopsy, please check the box that applies:

- I DO NOT CONSENT to an autopsy.
- I CONSENT to an autopsy.
- My Agent MAY give consent or REFUSE an autopsy.

4. With regard to organ donor issues, please check the box that applies:

- I DO NOT want to make an organ or tissue donation and I DO NOT want my Agent or family to do so.
- I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual institution:

- I hereby give upon my death:
 - Any needed organs or parts.
 - The following part or organs: _____
 - For any legally authorized purpose.
 - Transplant or therapeutic purposes only.

FINANCIAL GENERAL POWER OF ATTORNEY:

1. Name and address of person you direct to handle your financial matters for you should you become incapacitated:

2. Name and address of alternate person you direct to handle your financial matters for you should you become incapacitated:
