

Residual Beneficiary:

Name: _____

City: _____

State: _____

Alternate Residual Beneficiary:

Name: _____

Address: _____

City: _____ State: _____

Specific Gifts:

Name: _____

Address: _____

City: _____ State: _____

Description of Item:

Name: _____

Address: _____

City: _____ State: _____

Description of Item:

Name: _____

Address: _____

City: _____ State: _____

Description of Item:

Distribution Other Than Above:

Executor: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Alternate: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Miscellaneous: _____

Contest Anticipated? No Yes

Explain: _____

Post-Death Instructions:

Burial Where: _____ City: _____ State: _____

Memorial service or funeral? Describe: _____

Cremation Disposition of remains: _____

Person who will make arrangements: Executor Other (see below)

Name: _____ Telephone: _____ (____)

Address: _____ City: _____ Zip: _____

Has client pre-arranged any post-death services? _____

Durable Power of Attorney (Financial): Immediate Springing

Agent: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Alternate: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Advanced Health Care Directive:

Agent: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Alternate: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Second Alternate: _____ Telephone: (____) _____

Address: _____ City: _____ Zip: _____

Limitations on Agent's Authority and Special Instructions:

Organ Donation: No Yes

Specify: _____

Medical Treatment Desires and Limitations Options: 1. 2.

Relief from pain limitations: _____

Special Instructions for Nutrition and Hydration: _____

Primary Physician designation (optional): _____

ASSETS

Real Property: _____

How held?

Life Insurance: _____

(beneficiaries, amounts, etc.)

Bank Accounts:

401(k), IRA, etc.:

Stocks, Bonds, etc.:

Other:
