

Client Worksheet: Will, Powers and Directive

Client Legal Name:			
Are you a US citizen? Y/N If no, do you own assets anywhere else in the world? Y/N			
Address (including county):			
Phone Number: (H)	(W)	(CTN)	
Fax:		Email:	
Marital status: M D W S		Spouse's Name:	
Former marriages? Y/N. If yes, please provide the former spouse's name and the date and place of any divorce or death:			
Your Children:	Names	Ages	Address & Phone #
Do you have grandchildren? Y/N. What are their ages?			
Do any of your beneficiaries have special needs?			
If your children are minors, at what age would you like the trust created in your will for their benefit to terminate?			
Estimated value of your estate and a general list of the assets:			
Any cemetery lots that you do not plan to use? Y/N Who bought them? When?			

Beneficiary—The beneficiary of your will is the person(s) you name to receive funds, gifts or property from your estate.

Primary beneficiary(ies):

If the primary beneficiary named above predeceases you or fails to survive you by 30 days, who would you want to receive your estate:

If the contingent beneficiary named above predeceases you or fails to survive you by 30 days, who would you want to receive your estate:

Specific bequests—You can name a particular person to receive a specific item from your estate.

Specific bequests, if any, (provide the name of the beneficiary as well as the specific item and the terms, i.e., only if my spouse has predeceased. me):

Executor—This is the person who will carry out the terms of your will after your death.

First choice of executor (often spouses name each other):

Contingent executor:

Second Contingent executor:

Guardian—This is the person that your children will live with if you die while they are still minors.

First choice of guardian:

Contingent guardian:

Trustee—This is the person who will handle any property/money that your minor children might inherit from your estate.

First choice of trustee:

Contingent trustee:

Medical Power of Attorney—This document would allow the person you name to make medical decisions for you in the event you are incapacitated or incompetent and unable to make your own medical decisions.

First choice of agent:

Contingent agent:

Include the contingent agent's address and telephone number:

Second Contingent agent:

Include the contingent agent's address and telephone number:

Statutory Durable Power of Attorney—This document would allow the person you name to handle your financial affairs for you.

First choice of agent:

Contingent agent:

Include the contingent agent's address and telephone number

Second Contingent agent:

Include the contingent agent's address and telephone number

Directive to Physicians or Living Will—This document states your preference as to whether or not you wish to be kept alive on life support when you are terminally ill.

I appreciate referrals and would like to thank the person who referred you to me. Please provide that person's name and contact information. Thank you!