

Living Children	Date of Birth	Gender	Name Grandchildren
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			

Do you have any children who predeceased you? Their name(s)? Did your deceased child have any children? _____

Do any of your children have special needs? Describe: _____

Who do you want to name as **the Successor Trustee(s) and Personal Representative(s)** of your estate?

Do you want them to act jointly or "in order"?

Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____

Who do you want to name as agent(s) on your **Durable Power of Attorney**?

(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

1 st Agent	Name: _____ Relation: _____ "and/or" or In Succession	Address: _____ _____
2 nd Agent	Name: _____ Relation: _____ "and/or" or In Succession	Address: _____ _____
3 rd Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your **Health Care Surrogate**?

1 st Agent	Name: _____ Phone: _____ "and/or" or In Succession	Address: _____ _____
2 nd Agent	Name: _____ Phone: _____ "and/or" or In Succession	Address: _____ _____
3 rd Agent	Name: _____ Phone: _____	Address: _____ _____

IF APPLICABLE - Who do you want to name as the Guardian(s) of your minor children (under age 18)?

(Two persons may serve together if they are married.)

1 st Guardian(s)	Name(s): _____ Address: _____	Relation: _____
2 nd Guardian(s)	Name(s): _____ Address: _____	Relation: _____
3 rd Guardian(s)	Name(s): _____ Address: _____	Relation: _____

