

Date of Consult: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

**Estate Planning**

Husband's Name: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Children's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (     ) \_\_\_\_\_

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**LAST WILL AND TESTAMENT**

Executor (1): \_\_\_\_\_

Executor (2): \_\_\_\_\_

Executor (3): \_\_\_\_\_

Heirs: \_\_\_\_\_

Guardian (1): \_\_\_\_\_

Guardian (2): \_\_\_\_\_

Guardian (3): \_\_\_\_\_

- Special Instructions:

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**TRUST**

→ Large Trust: YES / NO

Trustee (1): \_\_\_\_\_

Trustee (2): \_\_\_\_\_

Trustee (3): \_\_\_\_\_

Age to Receive: \_\_\_\_\_

- Special Instructions:

**HEALTH CARE POWER OF ATTORNEY**

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: (        ) \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: (        ) \_\_\_\_\_

(3) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: (        ) \_\_\_\_\_

- Special Instructions:

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**POWER OF ATTORNEY**

(1) Name: \_\_\_\_\_

(2) Name: \_\_\_\_\_

(3) Name: \_\_\_\_\_

- Special Instructions: