

CLIENT NAME(S): _____

PLEASE EMAIL OR SEND THIS INFORMATION TO OUR OFFICE AS SOON AS YOU HAVE MADE YOUR DECISIONS. IF IT IS RECEIVED AT LEAST ONE WEEK PRIOR TO YOUR REVIEW MEETING THE DRAFT WILL INCLUDE ALL OF THE INFORMATION.

GUARDIANS (Physical care for person(s) under age of 18):

1. _____
2. _____
3. _____

TRUSTEES (Money-managers):

1. _____
2. _____
3. _____

SPECIAL BEQUESTS (Monetary gifts to individuals or charities):

DISTRIBUTION OF ESTATE AT DEATH:

REMAINDER OF ESTATE (percentages) IF NONE OF THE INDIVIDUALS NAMES ABOVE, OR THEIR CHILDREN, ARE LIVING THE ESTATE IS TO BE DISTRIBUTED AS FOLLOWS:

HEALTH CARE AGENTS:

1. _____
2. _____
3. _____