

DESIGNATIONS

POWER OF ATTORNEY(S)

Do you have a power of attorney?	
(if yes) Who is your power of attorney?	
Do you have a <i>health care</i> power of attorney?	
(if yes) Who is your health power of attorney ?	
Do you have a living will or healthcare directives?	
(if yes) Who is your trustee or authorized person?	

EXECUTOR/TRUSTEE/GUARDIANS

Do you have executor/trustee/guardian?	
(if yes) Who is your executor/trustee/guardian?	
Who is your alternate executor/trustee/guardian?	
Should you become incapacitated and unable to make health care decisions for yourself, do you wish for prolonged life? Who would make those decisions for you (and an alternate person)?	
Do you care for anyone? If yes, please list their name, what care you provide and who is going to care for them upon your passing.	
Do you have any pets? If yes, please list what type of animal, their name and who is going to care for them upon your passing.	

DESIGNATIONS

AUTHORIZED USERS

Authorized Users	Response
First name	
Middle name	
Last name	
What is their contact number?	
What is their email address?	
What is their address?	
What is their City?	
What is their State?	
What is their Zip Code?	
What is their gender?	

Add Another

First name	
Middle name	
Last name	
What is their contact number?	
What is their email address?	
What is their address?	
What is their City?	
What is their State?	
What is their Zip Code?	
What is their gender?	

BENEFICIARIES

Beneficiary	
What is your beneficiary's FIRST name?	
What is your beneficiary's MIDDLE name?	
What is your beneficiary's LAST name?	
What is their contact number?	
What is their email address?	
What is their date of birth?	
What is their address?	

DESIGNATIONS

What is their city?	
What is their state?	
What is their zip code?	
What is their gender?	
What is their relation?	

Add Another

Beneficiary	
What is your beneficiary's first name?	
What is your beneficiary's middle name?	
What is your beneficiary's last name?	
What is their contact number?	
What is their email address?	
What is their date of birth?	
What is their address?	
What is their city?	
What is their state?	
What is their zip code?	
What is their gender?	
What is their relation?	

Add Another

Beneficiary	
What is your beneficiary's first name?	
What is your beneficiary's middle name?	
What is your beneficiary's last name?	
What is their contact number?	
What is their email address?	
What is their date of birth?	
What is their address?	
What is their city?	
What is their state?	
What is their zip code?	
What is their gender?	
What is their relation?	

Add Another

DESIGNATIONS

Beneficiary	
What is your beneficiary's first name?	
What is your beneficiary's middle name?	
What is your beneficiary's last name?	
What is their contact number?	
What is their email address?	
What is their date of birth?	
What is their address?	
What is their city?	
What is their state?	
What is their zip code?	
What is their gender?	
What is their relation?	

Add More Information Here