



Estate Planning Agent Information

The information on this form will be used by Walters & Galloway, PLLC to prepare your legal documents.

Important: Please write the legal names and additional information exactly as it should appear on each document. Please write legibly.

Client(s) Names(s) _____

Address: _____

Last Will and Testament

Primary Personal Representative

Name: _____

Address: _____

First Successor Personal Representative

Name: _____

Address: _____

Second Successor Personal Representative

Name: _____

Address: _____

Beneficiaries Information:

(please list relationship to client)

Specific Bequests:

(please list the item and the beneficiary of the item for any specific tangible personal property you wish to devise)

Trust

Initial Trustee

Name: _____

Address: _____

Phone: (H) _____

(C) _____

(W) _____

DOB: _____

Successor Trustee

Name: _____

Address: _____

Phone: (H) _____

(C) _____

(W) _____

DOB: _____

Lifetime Distribution Trustee

Name: _____

Address: _____

Phone: (H) _____

(C) _____

(W) _____

Have Any Beneficiaries Filed for Any of the Following:

Divorce: Y: __ N: __

Bankruptcy: Y: __ N: __

Do the Beneficiaries Have Any Special Needs?

Y: __ N: __

General Durable Power of Attorney

Primary Agent

Name: _____

Relationship: _____

Address: _____

First Alternate Agent

Name: _____

Relationship: _____

Address: _____

Second Alternate Agent (Optional, but recommended)

Name: _____

Relationship: _____

Address: _____

Special Provisions:

Healthcare Power of Attorney

Primary Agent

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____

(C) _____

Email: _____

First Alternate Agent

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____

(C) _____

Email: _____

Second Alternate Agent (Optional, but recommended)

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____

(C) _____

Email: _____

Special Instructions:
