GAYLE M. WATTERWORTH, ESQ.
ESTATE PLANNING INFORMATION
MEETING GUIDE FOR YOUNG ADULT

Date: ______________________

Client information:

Name: ____

Birth date: _______ /_____ /______   US Citizen? Yes / No

Primary Residence Address: ____

____

Phone number (Home): ________________________

Phone number (Cell): __________________________

E-mail: _______________________________________

Where do you go to school? ____

Receiving any government benefits? Yes / No

Assets:

- 529 Plan ___________________________________
- ABLE Account _______________________________
- Special Needs Trust__________________________

Living Will – do you wish to provide for "no heroic measures" and pain medication in the end stages of life? Yes / No

Power of Attorney - who would you designate?

Name ____

Address: ____

____

Phone: ____

Name ____

Address: ____

____

Phone: ____

Education Power of Attorney:- who would you designate?

Name ____

Address: ____

____

Phone: ____

Name ____

Address: ____

____

Phone: ____

Health Care Agent – do you wish to name someone to make medical decisions for you in the event that you are not able to communicate your consent for treatment?

Name ____

Address: ____

____

Phone: ____

Name ____

Address: ____

____

Phone: ____

HIPPA Health Care Information Waiver – would you like someone to be able to obtain your medical information and records?

Name ____

Address: ____

____

Phone: ____

Name ____

Address: ____

____

Phone: ____