Estate Package Plan

A Comprehensive Guide

This Estate Package Plan is designed to help you organize and document your final wishes and healthcare directives. We will complete one document at a time, starting with the Last Will & Testament. Please provide the necessary information to begin drafting your documents.

Estate Package

- Last Will & Testament
- Healthcare Directive
- Financial Power of Attorney (while you are living)
- BONUS FREE Medical Power of Attorney

Last Will & Testament

To draft your Will, please provide the following information:

1. Marital Status: Please specify your marital status and the name of your spouse (if they are to be included in your Will).
2. Children: Please provide the names and birth dates of your current children (if they are to be included in your Will).
3. Executor: Please provide the name and address of the person you would like to appoint as the Executor of your estate (this person will carry out the wishes specified in your Will). Additionally, please name two alternate Executors with their full names and addresses.
4. Bequests: Please provide the full names of individuals you would like to bequest gifts to, which may include houses, cars, jewelry, electronics, heirlooms, and other valuable items.

Healthcare Directive

To draft your Healthcare Directive, please provide the following information:

1. Agent: Please provide the name of your agent and an alternate agent. Include their addresses, phone numbers, and work numbers.
2. Witnesses: Please provide the names, addresses, phone numbers, and work numbers of two witnesses.
3. Primary Care Physician: Please provide the name, office address, and office phone number of your primary care physician.
4. Specific Wishes: Please specify any particular wishes you have. For example, "I want to be taken off of life support after 7 days." Also, indicate if you are an organ donor.

Financial Power of Attorney

1. Name of Agent(s): You can name one or two agents to serve simultaneously for added accountability. An alternate agent is also required. Please provide the agent(s) and alternate agent's addresses, phone numbers, and work numbers.
2. Two Witnesses: The agent(s) witnesses' names, addresses, phone numbers, and work numbers are needed.

Medical Power of Attorney

1. Name of Agent(s): Similar to the Financial Power of Attorney, you may name one or two agents to serve at the same time, and an alternate agent is necessary. We require the agent(s) and alternate agent's addresses, phone numbers, and work numbers.
2. Two Witnesses: The agent(s) witnesses' names, addresses, phone numbers, and work numbers are required.

Next Steps

After entering your information, you will review a preliminary copy of the Will. During this phase, I will address any questions and confirm that your wishes are accurately reflected. Even partial information can be the starting point for achieving your document completion.

Will Revisions

One revision of the Will and associated Estate documents is included. Further revisions will incur a fee of $50 each. Once you confirm the accuracy of the information, we will schedule an appointment for notarization, requiring two witnesses.

Witness Requirements

A witness can be anyone, even a stranger. It is advisable not to choose any beneficiaries as witnesses. If you need assistance finding witnesses, please let me know.

Final Steps

You will need two witnesses for the signing of your Estate documents to ensure your Will is “self-proven.” The same process will be followed for your Advanced Healthcare Directive and Durable Power of Attorney.

Appreciation

Thank you for supporting a disabled black woman-owned business.

~MJ