

Financial Planning Process

ESTATE PLAN DOCUMENT REVIEW

Date _____

EXECUTOR/EXECUTRIX FOR	EXECUTOR/EXECUTRIX FOR
Primary	Primary
2 nd	2 nd
3 rd	3 rd
4 th	4 th

LIVING WILL INSTRUCTIONS FOR	LIVING WILL INSTRUCTIONS FOR
If condition is not likely to improve: <input type="checkbox"/> Do use life support <input type="checkbox"/> Do not use life support	If condition is not likely to improve: <input type="checkbox"/> Do use life support <input type="checkbox"/> Do not use life support

MEDICAL POWER OF ATTORNEY FOR	MEDICAL POWER OF ATTORNEY FOR
Primary	Primary
2 nd	2 nd
3 rd	3 rd
4 th	4 th

DURABLE POWER OF ATTORNEY FOR	DURABLE POWER OF ATTORNEY FOR
Primary	Primary
2 nd	2 nd
3 rd	3 rd

The original estate planning documents were created by _____ in _____.

Lawyer's office location:

Phone number

Location of original documents on file:

**A copy of each document is on file in the digital vault.*