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Estate Planning Information

Last Will and Revocable Living Trust

Executors (Last Will)

1. _____
2. _____
3. _____

Successor Executors

1. _____
2. _____
3. _____

Trustees

1. _____
2. _____
3. _____

Successor Trustees

1. _____
2. _____
3. _____

Guardians

1. _____
2. _____
3. _____

Successor Guardians

1. _____
2. _____
3. _____

Personal Residence

Address: _____

State: _____ City: _____ Zip Code: _____

Other Real Estate

Address: _____

State: _____ City: _____ Zip Code: _____

Address: _____

State: _____ City: _____ Zip Code: _____

Address: _____

State: _____ City: _____ Zip Code: _____

Additional Assets (describe any additional assets such as financial accounts, vehicles, tangible items, etc. below)

Healthcare

Healthcare Agents

1. _____
2. _____
3. _____

Successor Agents

1. _____
2. _____
3. _____

HIPAA Agents

1. _____
2. _____
3. _____

Successor Agents

1. _____
2. _____
3. _____

Psychotherapy Notes

Include disclosure ☐

Do not include ☐

Organ Donation

Yes ☐

No ☐

Financial Power of Attorney

POA Representatives

1. _____
2. _____
3. _____

Successor Representatives

1. _____
2. _____
3. _____

Pet Trust

Pet Details

Pet type: _____ Pet Name: _____

Pet type: _____ Pet Name: _____

Pet type: _____ Pet Name: _____

Trustees (Pet Trust)

1. _____
2. _____
3. _____

Successor Trustees

1. _____
2. _____
3. _____

Caregivers

1. _____
2. _____
3. _____

Trustee Visits Required

Yes ☐ No ☐

Frequency of Visits

Quarterly ☐ Annually ☐

Semi-annually ☐

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