

Who would you like to make decisions for you?

Successor Trustees			
	Full Name (Including middle)	Address	Phone Number
1 st Choice			
2 nd Choice			
3 rd Choice			
4 th Choice			

Client 1 Financial Agents			
	Full Name (Including middle)	Address	Phone Number
1 st Choice			
2 nd Choice			
3 rd Choice			
4 th Choice			

Client 2 Financial Agents			
	Full Name (Including middle)	Address	Phone Number
1 st Choice			
2 nd Choice			

3 rd Choice			
4 th Choice			

Client 1 Health Care Agents			
	Full Name (Including middle)	Address	Phone Number
1 st Choice			
2 nd Choice			
3 rd Choice			
4 th Choice			

Client 2 Health Care Agents			
	Full Name (Including middle)	Address	Phone Number
1 st Choice			
2 nd Choice			
3 rd Choice			
4 th Choice			

Guardians for Minor Children			
	Full Name (Including middle)	Address	Phone Number
1st Choice			
2nd Choice			
3rd Choice			
4th Choice			

1) Upon your death, how and to whom do you want your assets distributed?

2) Are there any charities you would like to make a gift to?

Name and Address of Charities	Gift Amount
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