



RAINIER
GROUP

Last Will & Testament

Client 1: Full Legal Name: _____ Maiden Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Are you married? Yes No If yes, fill out Client 2 information below.

Client 2: Full Legal Name: _____ Maiden Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Previous Marriages: Has either client been married previously? Yes No

If yes, please complete the following information:

Client 1 or 2?	Full Legal Name of Previous Spouse	Marriage End Date	Did it end in death or divorce? (select one)	If divorce, name of court that presided over divorce proceedings:

Child information:

Full Legal Name	Date of Birth	Child born from previous marriage or relationship?	If yes, is child born of client 1 or 2?	If yes, name of child's other parent:
		Yes No		
		Yes No		
		Yes No		
		Yes No		

Tutor: Provide the name of trusted individuals to serve as tutor (guardian) and back-up tutor for your children (should tutor be unwilling or unable to serve). Except in limited situations, in Louisiana, the surviving parent is first in line to be the child's tutor.

Client 1:

Surviving Parent Name: _____

Back-up Tutor Name: _____

Client 2:

Surviving Parent Name: _____

Back-up Tutor Name: _____

Executor: Provide the name of trusted individuals to serve as executor and back-up executor (should executor be unwilling or unable to serve):

Client 1:

Executor Name: _____

Back-up Executor Name: _____

Client 2:

Executor Name: _____

Back-up Executor Name: _____

Property

Do you have a **separate property agreement**? Yes No

If yes, provide a copy of the separate property agreement.

Does either spouse own any **inherited property**? Yes No

If yes, indicate which spouse owns the property and a brief description and approximate value of the property:

Property Owner	Description	Approximate Value

Does either spouse own any **property outside of the state**? Yes No

If yes, indicate which spouse owns the property, provide a brief description, and its approximate value.

Property Owner	Description	Approximate Value	Community / separate Property?

Notes:

Does either spouse have an **ownership stake in a business**? Yes No

If yes, indicate which spouse, the business name and type (L.L.C., S Corp., C Corp., etc.), and extent of the ownership position.

Business Owner	Business Name	Business Type	Extent of Ownership Position

Inheritance

Specific bequests: Name(s) of each person / organization to which any of your property is to be given upon your death:

Property Owner	Name of Person or Organization	Property to be bequeathed

Client 1: Do you wish to leave any assets in trust to your beneficiaries? Yes No

If yes, complete the following information:

The name of trusted individuals to serve as trustee and back-up trustee (should trustee be unwilling or unable to serve):

Trustee: _____

Back-up trustee: _____

The age(s) of distribution of principal to the beneficiary(ies), and the percentage of principal to be distributed to the trusted beneficiaries: (for example: "100% of trust assets at age 30" or "one-third at age 25, one-half of remainder at age 30, and all remaining at age 35".)

Notes:

Client 2: Do you wish to leave any assets in trust to your beneficiaries? Yes No

If yes, complete the following information:

The name of trusted individuals to serve as trustee and back-up trustee (should trustee be unwilling or unable to serve):

Trustee: _____

Back-up trustee: _____

The age(s) of distribution of principal to the beneficiary(ies), and the percentage of principal to be distributed to the trusted beneficiaries: (for example: "100% of trust assets at age 30" or "one-third at age 25, one-half of remainder at age 30, and all remaining at age 35".)

Client 1: Do you wish to disinherit anyone? Yes No

Client 2: Do you wish to disinherit anyone? Yes No

If yes, provide the name and the reason (*in some cases, the reason may have to fall into a specific set of reasons as described in the Louisiana Civil Code.*)

Client Name	Name of Disinherited Heir	Reason for Disinheritance

Notes:

Durable Power of Attorney

Provide the name of trusted individuals to serve as Power of Attorney (DPOA) and back-up Power of Attorney (should the first DPOA be unwilling or unable to serve). This is the person who you choose to act on your behalf, if you were unable to do so.

Client 1:

DPOA Name: _____

Back-up DPOA Name: _____

Is there anything your DPOA should NOT be allowed to do? Yes No

If yes, indicate any restrictions that you want placed on the person acting on your behalf as DPOA:

Do you want your DPOA to be effective immediately or only if you are unable to make decisions for yourself? Immediately Unable to make decisions for myself

Client 2:

POA Name: _____

Back-up POA Name: _____

Is there anything the DPOA should NOT be allowed to do? Yes No

If yes, indicate any restrictions that you want placed on the person acting on your behalf as DPOA:

Do you want your DPOA to be effective immediately or only if you are unable to make decisions for yourself?

Notes:

Health Care Power of Attorney

Provide the name of trusted individuals to serve as your Health Care Power of Attorney (HCPOA). This is the person who would make health care decisions on your behalf, if you were unable to do so.

Client 1:

HCPOA Name: _____

Back-up HCPOA Name: _____

Is there anything the power of attorney should NOT be allowed to do? Yes No

If yes, indicate any restrictions that you want placed on the person acting on your behalf as HCPOA:

Client 2:

HCPOA Name: _____

Back-up HCPOA Name: _____

Is there anything the power of attorney should NOT be allowed to do? Yes No

If yes, indicate any restrictions that you want placed on the person acting on your behalf as POA:

Notes:

Advanced Medical Directive

“Living Will”

Client 1:

Do you want to allow invasive feeding/hydrating after all other life support is removed? Yes No

Client 2:

Do you want to allow invasive feeding/hydrating after all other life support is removed? Yes No

Notes:

Acknowledgement: All information provided accurately reflects my last wishes, and I understand that the documents drafted will reflect the information provided above.

Client 1 Signature
Date

Client 2 Signature
Date