

**PERSONAL INFORMATION**

Husband's (or Single) Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Wife's Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

**CHILDREN AND/OR OTHER FAMILY MEMBERS**

*(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.)*

Name	Birth date	Parent or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONS TO ACT FOR YOU:**

**GUARDIAN FOR MINOR CHILDREN:** If you have any children under the age of 18, list in order of preference who you wish to be guardian.

Name and Address	Relationship
_____	_____
_____	_____

**INITIAL TRUSTEE(S):** Usually the Trustmker will be the Trustee of his or her own trust. Often, both spouses, jointly.

Name and Address	Relationship
_____	_____
_____	_____

**DISABILITY TRUSTEE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

**FOR HUSBAND**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

**FOR WIFE**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>

**DEATH TRUSTEE:** After your death, who do you want carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries? These names will also serve as the Personal Representatives under the Will.

**FOR HUSBAND**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**FOR WIFE**

Name and Address	Relationship
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**POWER OF ATTORNEY:** If you were unable to make financial decisions for yourself, who would you want to make those decisions for you? The persons name will also serve as the guardian of your person.

**HUSBAND'S AGENT**

Name	Relationship	Instructions or Guidelines
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**WIFE'S AGENT**

Name	Relationship	Instructions or Guidelines
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?

Husband:  Yes  No

Wife: Yes  No

Gifting Power Details: \_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**HUSBAND'S AGENT**

Name	Relationship
_____	_____
_____	_____
_____	_____

**WIFE'S AGENT**

Name	Relationship
_____	_____
_____	_____
_____	_____

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive. Other gifts are provided for in your handwriting.

**FOR HUSBAND:**

Individual or Charity	Amount or Property	Contingent on Wife predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR WIFE:**

Individual or Charity	Amount or Property	Contingent on Husband predeceasing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DIVISION OF PROPERTY UPON DEATH OF SECOND SPOUSE (OR SINGLE PERSON) TO DIE**

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN.**
- DIVIDE AMONT NAMED INDIVIDUALS and/or CHARITIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_