

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Your estate plan must be based on information about you, your objectives, your family, your intended beneficiaries, your property and your existing relationships.

The purpose of this memorandum and questionnaire is to obtain information we need to help you effectively plan your estate. Our request arises from our desire to try to accomplish your personal objectives. Please supply the information listed below.

Please print or write legibly the following information. If you need more space, use another sheet. If you are not certain about an answer, leave the space blank. Either bring this document with you, or preferably, mail it to me before our meeting. Also, make copies of relevant deeds, insurance policies, marital/divorce/dissolution judgments, agreements, monthly bank statements, other financial institution statements, retirement fund statements, etc., and any original will or trust.

Date: _____

HUSBAND'S INFORMATION/SPOUSE #1

Legal Name: _____

Other names ever known by: _____

Address: _____

E-mail Address: _____

Telephone: (____) _____

Facsimile: (____) _____

Birthdate and Age:

D/o/b: __/__/__

Age: ____

Place of Birth:

City: _____

State or Country: _____

State of Residence _____

Date Came To State _____

Prior Residence and Dates _____

Military Service Record _____

College/University Record _____

Marital Status _____

Citizenship: _____

Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Business Address: _____

Business Telephone _____

Major Health Problems _____

Specific gifts of money or property such as personal items, including charity:

Recipient: _____

Relationship: _____

Amount of Money, Property, or Share of Money or Property:

To Be Given:

___ upon own death

___ upon death of survivor

WIFE'S INFORMATION/SPOUSE #2

Legal Name: _____

Other names ever known by: _____

Address: _____

E-mail Address: _____

Telephone: (____) _____

Facsimile: (____) _____

Birthdate and Age:

D/o/b: __/__/__

Age: ____

Place of Birth:

City: _____

State or Country: _____

State of Residence _____

Date Came To State _____

Prior Residence and Dates _____

Military Service Record _____

College/University Record _____

Marital Status _____

Citizenship: _____

Immigration Status: _____

Occupation (and Title or Position): _____

Employer: _____

Business Address: _____

Business Telephone _____

Major Health Problems _____

Specific gifts of money or property such as personal items, including charity:

Recipient: _____

Relationship: _____

Amount of Money, Property, or Share of Money or Property:

To Be Given:

___ upon own death

___ upon death of survivor

CURRENT MARRIAGE

Date of Marriage: __/__/____

City and State: _____, ____

Domicile at time of marriage:

Husband: _____

Wife: _____

List every other place where Husband and Wife have been domiciled since their marriage:

First Domicile Since Marriage

Date commenced: __/__/____

State or Country: _____

Husband's net worth: \$_____

Wife's net worth: \$ _____
Community property jurisdiction? Yes ___ No ___

Next Domicile Since Marriage

Date commenced: __/__/____
State or Country: _____
Husband's net worth: \$ _____
Wife's net worth: \$ _____
Community property jurisdiction? Yes ___ No ___

What were Husband's and Wife's net worths at the time of their marriage?

Husband: \$ _____
Wife: \$ _____

For each spouse, provide all employers or occupations and dates of commencement since the date of marriage:

Husband: _____

Wife: _____

Describe all substantial gifts or inheritance received by either spouse since the date of marriage:

First Item:
Recipient: _____
Date: __/__/____
Gift Giver: _____
Description: _____
Value: \$ _____

Next Item:
Recipient: _____
Date: __/__/____
Gift Giver: _____
Description: _____
Value: \$ _____

Have the spouses ever entered into any agreements with each other concerning the status of their property as separate, community, or quasi-community?

Date: __/__/____
Description and Agreed Status of Property: _____

CHILDREN FROM CURRENT MARRIAGE

1) Name: _____

Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

2) Name: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

3) Name: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

4) Name: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

If any children are disabled, list public benefits currently received: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

Do you plan on having any more children? How many? _____

GRANDCHILDREN FROM CURRENT MARRIAGE

1) Name: _____
Name of Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

2) Name: _____
Name of Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

3) Name: _____
Name of Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

4) Name: _____
Name of Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

If any grandchildren are disabled, list public benefits currently received:

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? _____

HUSBAND'S PREVIOUS MARRIAGES

1) Name of spouse: _____

Currently alive? Y ___ N ___

Current City and State of Residence: _____, ___

How did Marriage Terminate? Death ___ Divorce ___ Annulment ___

Date of Termination: __/__/____

Title of Divorce or Probate Court: _____

Case No. _____

Any other relevant information regarding this marriage?

2) Name of spouse: _____

Currently alive? Y ___ N ___

Current City and State of Residence: _____, ___

How did Marriage Terminate? Death ___ Divorce ___ Annulment ___

Date of Termination: __/__/____

Title of Divorce or Probate Court: _____

Case No. _____

Any other relevant information regarding this marriage?

WIFE'S PREVIOUS MARRIAGES

1) Name of spouse: _____

Currently alive? Y ___ N ___

Current City and State of Residence: _____, ___

How did Marriage Terminate? Death ___ Divorce ___ Annulment ___

Date of Termination: __/__/____

Title of Divorce or Probate Court: _____

Case No. _____

Any other relevant information regarding this marriage?

2) Name of spouse: _____

Currently alive? Y ___ N ___

Current City and State of Residence: _____, ___

How did Marriage Terminate? Death ___ Divorce ___ Annulment ___

Date of Termination: __/__/____

Title of Divorce or Probate Court: _____

Case No. _____

Any other relevant information regarding this marriage?

HUSBAND'S CHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____
Name of Other Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

2) Name: _____
Name of Other Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

3) Name: _____
Name of Other Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

If any children are disabled, list public benefits currently received: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

WIFE'S CHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____
Name of Other Parent: _____

Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

2) Name: _____
Name of Other Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

3) Name: _____
Name of Other Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

If any children are disabled, list public benefits currently received: _____

If any children are stepchildren or foster children, are they to be treated as children under your testamentary plan? _____

HUSBAND'S GRANDCHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____
Name of Parent: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____

Name of Spouse: _____ None __

2) Name: _____

Name of Parent: _____

Birthdate: __/__/____

If Deceased: Date of Death: __/__/____

Age at death: ____

If Alive: Current Address: _____

City and State: _____

Age: ____

Name of Spouse: _____ None __

If any grandchildren are disabled, list public benefits currently received:

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? _____

WIFE'S GRANDCHILDREN FROM PRIOR RELATIONSHIPS

1) Name: _____

Name of Parent: _____

Birthdate: __/__/____

If Deceased: Date of Death: __/__/____

Age at death: ____

If Alive: Current Address: _____

City and State: _____

Age: ____

Name of Spouse: _____ None __

2) Name: _____

Name of Parent: _____

Birthdate: __/__/____

If Deceased: Date of Death: __/__/____

Age at death: ____

If Alive: Current Address: _____

City and State: _____

Age: ____

Name of Spouse: _____ None __

If any grandchildren are disabled, list public benefits currently received:

If any grandchildren are stepchildren or foster children, are they to be treated as grandchildren under your testamentary plan? _____

HUSBAND'S (STEP)PARENTS AND SIBLINGS

1) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

2) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

3) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None __

4) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____

Name of Spouse: _____ None ___

WIFE'S (STEP)PARENTS AND SIBLINGS

1) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None ___

2) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None ___

3) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____
Name of Spouse: _____ None ___

4) Name: _____
Relationship: _____
Birthdate: __/__/____
If Deceased: Date of Death: __/__/____
Age at death: ____
If Alive: Current Address: _____
City and State: _____
Age: ____

Name of Spouse: _____ None ___

HUSBAND'S EXISTING DOCUMENTS

Does Husband have an existing will or revocable living trust?

Will

Date of Will/Trust: __/__/____

Wills--Location of original: _____

Wills--List all codicils by date: _____

Revocable Living Trust

Power of Attorney for Health Care

Date power granted: __/__/____

Date power expires: __/__/____

Power of Attorney for Property

Date power granted: __/__/____

Date power expires: __/__/____

Power of Attorney for (Other) _____

Date power granted: __/__/____

Date power expires: __/__/____

WIFE'S EXISTING DOCUMENTS

Does Wife have an existing will or revocable living trust?

Will

Date of Will/Trust: __/__/____

Wills--Location of original: _____

Wills--List all codicils by date: _____

Revocable Living Trust

Power of Attorney for Health Care

Date power granted: __/__/____

Date power expires: __/__/____

Power of Attorney for Property

Date power granted: __/__/____

Date power expires: __/__/____

Power of Attorney for (Other) _____

Date power granted: __/__/____

Date power expires: __/__/____

HUSBAND'S GIFTS AND TRANSFERS

Total taxable gifts to date: \$_____

Unified Estate and Gift Tax Credit used: \$_____

Generation-skipping transfer tax exemption used: \$_____

California Property Tax parent/child exemption used for transfers of real property other than a principal residence? \$_____

WIFE'S GIFTS AND TRANSFERS

Total taxable gifts to date: \$ _____

Unified Estate and Gift Tax Credit used: \$ _____

Generation-skipping transfer tax exemption used: \$ _____

California Property Tax parent/child exemption used for transfers of real property other than a principal residence? \$ _____

INSURANCE

Life (on Husband) (See additional information under Assets / Liabilities, below.)

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Life (on Wife) (See additional information under Assets / Liabilities, below.)

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Auto

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Property

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Excess Liability

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Health

Company Name: _____

Policy No.: _____

Renewal Date: __/__/____

Coverage Limits: _____

Disability

Company Name: _____

Policy No.: _____
Renewal Date: __/__/____
Coverage Limits: _____

ASSETS / LIABILITIES

Real Estate

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Household Furniture, Furnishings, Appliances

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Jewelry, Antiques, Art, Coin Collections, Fur Coats, Oriental Rugs, Etc.

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___

Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Vehicles, Boats, Trailers

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Bank Accounts

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Fair Market Value: \$ _____

Cash: \$ _____

Life Insurance (on Husband) (See additional information under Insurance, above.)

Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____
Beneficiary: _____

Life Insurance (on Wife) (See additional information under Insurance, above.)

Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____
Beneficiary: _____

Equipment, Machinery, Livestock

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____

Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Stocks, Bonds, Secured Notes

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Retirement, Pension, Profit-Sharing, Annuities, Military/Veteran's Benefits

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Accounts Receivable, Unsecured Notes, Tax Refunds

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Partnerships, Other Business Interests

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____

Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Other Assets and Liabilities (alimony, rental income, existing trust funds, credit card balances, pending lawsuits, judgments, etc.)

1) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

2) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

3) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

4) Description: _____
Owner: Husband ___ Wife ___ Community Property ___
Gross Fair Market Value: \$ _____
Amount of Debt: \$ _____
Net Fair Market Value: \$ _____

Safe Deposit Box:
Name of Bank: _____
Address: _____
Box No.: _____
Who has access? _____
Location of key(s): _____

Are there any assets outside the United States? Yes ___ No ___
Describe: _____

Is Husband or Wife anticipating receiving any substantial gifts or inheritances in the near future?
Husband:

Wife:

FIDUCIARY AGENTS AND ADVISORS

Initial Executor(s):

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Successor Executor(s):

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Initial Trustee(s):

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Successor Trustee(s):

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Initial Guardian(s) for minor children:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Successor Guardian(s) for minor children:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Initial Durable Power of Attorney for Health Care:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Successor Durable Power of Attorney for Health Care:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Initial Durable Power of Attorney for Property Management Decisions:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Successor Durable Power of Attorney for Property Management Decisions:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Initial Durable Power of Attorney for (Other): _____

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Successor Durable Power of Attorney for (Other): _____

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Date power granted: __/__/____

Date power expires: __/__/____

Initial Conservator(s) for person or estate, or both:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Successor Conservator(s) for person or estate, or both:

Name: _____

Address: _____

Telephone No.: (____) ____ - ____

Fax No.: (____) ____ - ____

Is any beneficiary to be specifically disinherited? ___ Yes ___ No

If yes, who? _____