





**Who should be the Personal Representative for your estate?** NOTE: If you are married and want to name your spouse, you *should still* provide another person as a back up. This person will administer your probate estate, if there is a need for administration.

Name \_\_\_\_\_  
First, MI, Last *If Spouse, simply write "Spouse"*

Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
**BACKUP**

Name \_\_\_\_\_  
First, MI, Last *If Spouse, simply write "Spouse"*

Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
**BACKUP**

**DURABLE POWER OF ATTORNEY: Naming your "Attorney In Fact"**

In the event that you are unable to make decisions regarding your finances, and related personal needs, who should have the power to make such decisions for you? Please provide one name to act as your attorney in fact, and a back up name if possible. If you would like to have two people act as your attorney in fact at the same time, please list both and indicate such.

Name \_\_\_\_\_  
First, MI, Last *If Spouse, simply write "Spouse"*

Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

(Backup or Co-attorney)

Name \_\_\_\_\_  
First, MI, Last *If Spouse, simply write "Spouse"*

Address \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**LIVING WILL**

**For your health care directive, also known as a Living Will, please provide the following:**

Who should make your health care decisions, including ending life support, if you are unable to make such decisions? Name a backup person if possible. \*This does not have to be the same person as listed in your Durable Power, but it can be.\* PLEASE LIST ONE AND A BACKUP

Name \_\_\_\_\_  
First, MI, Last *If Spouse, simply write "Spouse"*

Address \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Name \_\_\_\_\_  
First, Middle Initial, Last

Address \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_

City

State

Zip

Relationship \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**Are there any specific religious needs you have for your personal health care or end of life care you wish to make part of your directive?**

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The following pages include several options for your personal health care. Please read each carefully answering **YES** or **NO** for each. Keep in mind that these are designed to represent issues that may come up, but are not all issues that will come up. If you want something included that is not on this list, or are not sure about something do not hesitate to ask your attorney. You may also want to consult with your physician when making such decisions. Once you have answered, please list any additional information you wish to include or directives you wish to include in your Living Will.

LIVING WILL DIRECTIVES: Please indicate **YES** if you agree with the statement, and would like it included, or **NO** if you do not want to include the statement as written. Circle the answer you wish to apply to each.

**YES** **NO** If my physician believes that a certain life prolonging procedure or other health care treatment may provide me with comfort, relieve pain or lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time. However, if such treatment proves to be ineffective, I direct treatment be withdrawn even if so doing may shorten my life.

**YES** **NO** I direct I be given health care treatment to relieve pain or to provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

**YES** **NO** I direct all life prolonging procedures be withheld or withdrawn when there is no hope of significant recovery and I have: a terminal condition; a condition, disease or injury without reasonable expectation that I will regain an acceptable quality of life; or substantial brain damage or brain disease which cannot be significantly reversed.

**YES** **NO** When any of the above conditions exist, I DO NOT WANT any of the following life prolonging procedures: surgery; heart-lung respiration

(CPR);antibiotics; dialysis; mechanical ventilator (respirator); or tube feedings (nutrition or hydration delivered through a tube in the vein, nose or stomach).

**YES NO** I give the power for my representative to: Consent, refuse or withdraw consent to any care, treatment, service or procedure, (including artificially supplied nutrition and/or hydration/tube feeding) used to maintain, diagnose or treat a physical or mental condition;

**Please list any special requests, wishes or directions you want to provide in your personal health care directive not included above such as specific religious desires, or any desire regarding scientific study or research, or organ donation:**

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**ASSETS FOR CONSIDERATION IN SET UP**

**Please provide a detailed list of your assets. Estate distribution can be made easier with a Trust for some, a decision that is best made when all assets are known and listed.**

A . REAL ESTATE: List interest in real estate including leaseholds. Include address, name of mortgagor(s). If listed above already, please simply indicate you have done so.

Real Estate	Fair Market Value	Amount Owed	Equity

B. MOTOR VEHICLES: List all automobiles, boats, trailers, aircraft, recreational vehicles and campers. List year, make, model.

Motor Vehicle	Fair Market Value	Amount Owed	Equity


C . BANK ACCOUNTS: List all checking, saving and money market accounts, time deposits, certificates of deposit, money market certificates, etc. held in your name alone or with another person. Give the name of the institution, the names on the account, the account number and the current balance.

Bank Accounts	Acct No.

D. CASH ON HAND\* This is for large sums kept in places other than a bank\*

Cash on Hand (Money kept for saving, not in a bank)	
YES, I KEEP CASH STORED____ NO I DO NOT____	

E . SECURITIES: List all stocks, including both public and closely held corporations, bonds, promissory notes, mortgages, money market funds, and all other such property in which you have an interest. List the names in which the securities are held and the identification number, if any.

Securities (Include account numbers where applicable)	

F. LIFE INSURANCE: List the type of policy, name of issuing company, policy number, insured, beneficiaries, face value and cash value (including policies from employment).

Life Insurance	Beneficiary

G. HOUSEHOLD GOODS & PERSONAL GOODS: Please give the value of your household goods by category (furniture, appliances, etc). If you have valuable objects of art or jewelry, please list them separately. This is not for general items, but those items that would need direction for an estate distribution.

Item	Fair Market Value

H. RETIREMENT, PENSION AND/OR PROFIT SHARING: List company, plan and participant's percent vested and present total value, and specify the type of account (401k, IRA, etc.)

Retirement, Pension and/or profit sharing	Fair Market Value

I. INTEREST IN TRUST: List any interest in a trust. Give name of the trust, name of the trustee, settlor, beneficiaries, nature of the interest you have in the trust and attach to this statement a copy of the trust instrument.

Interest in Trust					

J. DEBTS OWED TO YOU: List debtor's name, any security, date of loan and due date, if any.

Debts Owed To You	Name of Debtor	Security	Date of Loan

K. INTEREST IN FARM EQUIPMENT, CROPS, ANIMALS: List the nature of the property and location.

Farm Equipment, Crops, Animals	Fair Market Value	Amount Owed	Equity

L . SOLE PROPRIETORSHIPS, PARTNERSHIPS CORPORATIONS, LLC'S OR JOINT VENTURES: List the percent interest owned.

Entity Owned	Fair Market Value	Amount Owed	Equity

M. OTHER ASSETS: List all assets not already listed.

Other Assets	Fair Market Value	Amount Owed	Equity

