



Arpana Grace Warren
Attorney At Law

CLIENT1: NAME: _____ MARITAL STATUS: _____
ADDRESS _____
DOB _____ SS# _____ EMAIL _____
PHONE _____ ALT. _____

CLIENT2: NAME: _____ MARITAL STATUS: _____
ADDRESS _____
DOB _____ SS# _____ EMAIL _____
PHONE _____ ALT. _____

CHILDREN: NAME _____ BIRTHDATE _____
NAME _____ BIRTHDATE _____
NAME _____ BIRTHDATE _____

GUARDIAN (for minor children):
NAME _____
ADDRESS _____
TELEPHONE _____

ALTERNATE:
NAME _____
ADDRESS _____
TELEPHONE _____

SUCCESSOR TRUSTEE/ EXECUTOR:
NAME _____
ADDRESS _____
TELEPHONE _____

ALTERNATE:
NAME _____
ADDRESS _____
TELEPHONE _____

CLIENT 1 HEALTH CARE AGENT:
NAME _____
ADDRESS _____
PHONE/ALT _____

ALTERNATE:
NAME _____
ADDRESS _____
PHONE/ALT _____

CLIENT 2 HEALTH CARE AGENT:
NAME _____
ADDRESS _____
PHONE/ALT _____

ALTERNATE:
NAME _____
ADDRESS _____
PHONE/ALT _____

MECH. LIFE SUPPORT: CL. 1 _____ CL. 2 _____
YES _____ NO _____ YES _____ NO _____
NUTRITION / HYDRATION: YES _____ NO _____ YES _____ NO _____
ORGAN DONOR: YES _____ NO _____ YES _____ NO _____
DISP. OF REMAINS CRE _____ BUR _____ CRE _____ BUR _____
HOME/HOSPICE CARE YES _____ NO _____ YES _____ NO _____

ENVIRONMENT / SPECIAL INSTRUCTIONS: _____

CLIENT 1 FINANCIAL POWER OF ATTORNEY: ALTERNATE:

NAME _____
ADDRESS _____
TELEPHONE _____

NAME _____
ADDRESS _____
TELEPHONE _____

CLIENT 2 FINANCIAL POWER OF ATTORNEY: ALTERNATE:

NAME _____
ADDRESS _____
TELEPHONE _____

NAME _____
ADDRESS _____
TELEPHONE _____

FINANCIAL ADVISOR:

NAME: _____ COMPANY: _____
ADDRESS: _____
PHONE #: _____ EMAIL: _____

PROPERTY INFORMATION:

REAL PROPERTY GRANT DEEDS. # _____ COPY RECVD. _____

FINANCIAL ACCOUNT / LIFE INSURANCE POLICY INFORMATION:

FOR EACH ACCOUNT OR POLICY, PLEASE LIST THE FOLLOWING INFORMATION:

- NAME ON ACCOUNT
- COMPANY NAME (i.e., Schwab, Vanguard, etc.)
- ACCOUNT TYPE (i.e., checking, savings, IRA, CD, etc.)
- ACCOUNT OR POLICY NUMBER
- COMPANY CONTACT NAME, ADDRESS, PHONE NUMBER, EMAIL ADDRESS
- NAME(S) OF PRESENTLY DESIGNATED BENEFICIARY(IES) (if appropriate)

TANGIBLE PERSONAL PROPERTY (INCL. PETS):

Please provide a list of specific items you want to bequeath to specific beneficiaries. If you do NOT wish to leave specific items to specific beneficiaries you do not need to fill out this section. If you have pets that will be given to specific caretakers, will you also want to include a financial bequest for the pets' care?

DISTRIBUTION:

Please describe how you would like your estate to be distributed after your death. Rather than thinking in terms of specific amounts, it is often helpful to think in terms of percentages of the whole.

If any portion is to be distributed to children, at what age should they receive their shares? A share can be distributed in portions at predetermined dates, i.e., at a child's 21st, 25th and 30th birthdays, for example. This is entirely up to your discretion, depending on your individual family's circumstances.