Individuals Named in Your Estate Plan

Please fill in the tables below to begin considering the people you would like to designate to serve in your estate plan. These names are only a starting point. We will discuss these selections in detail at your design meeting, and you will have the ability to make changes up until you sign your plan. We found that by considering these selections prior to your initial meeting, the design meeting is much more efficient and effective for you.

**After you have completed this form, save it to your computer and then upload it to our website prior to your meeting –**

[**http://willsandwellness.com/upload**](http://willsandwellness.com/upload)

Name

|  |  |
| --- | --- |
| **Your Name** |  |

Children Information

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FULL Name** | **Relationship** | **Date Of Birth / Date of Passing** |
| **Child No. 1** |  |  |  |
| **Child No. 2** |  |  |  |
| **Child No. 3** |  |  |  |
| **Child No. 4** |  |  |  |

Potential Short-Term Guardians of Your Minor Children

Who is local and immediately available to be with your children in an emergency if you could not be located or are injured? (Please indicate at least 3 options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Short-Term Guardian No. 1** |  |  |  |  |  |
| **Short-Term Guardian No. 2** |  |  |  |  |  |
| **Short-Term Guardian No. 3** |  |  |  |  |  |
| **Short-Term Guardian No. 4** |  |  |  |  |  |
| **Short-Term Guardian No. 5** |  |  |  |  |  |
| **Short-Term Guardian No. 6** |  |  |  |  |  |
| **Short-Term Guardian No. 7** |  |  |  |  |  |

Potential Long-Term Guardians of Your Minor Children

Who would raise and love your children in the same manner you would if something happened to you?

(Please indicate at least three options.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Long-Term Guardian No. 1** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Long-Term Guardian No. 2** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long-Term Guardian No. 3** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long-Term Guardian No. 4** |  |  |  |  |  |

Potential Pet Guardian

Who would care for your pets if something happened to you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Pet Guardian No. 1** |  |  |  |  |  |
| **Pet Guardian No. 2** |  |  |  |  |  |
| **Pet Guardian No. 3** |  |  |  |  |  |

Potential Guardian of Your Assets after your Pass

(Successor Trustee or Personal Representative)

Who do you trust to make financial decisions on behalf of your children or beneficiaries if something happened to you?

(Please indicate at least three options.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **MAILING ADDRESS** | **Phone** | **EMAIL** |
| **Trustee / Personal Rep**  **No. 1** |  |  |  |  |  |
| **Trustee / Personal Rep**  **No. 2** |  |  |  |  |  |
| **Trustee / Personal Rep**  **No. 3** |  |  |  |  |  |

Your Potential Financial Power of Attorney

Who would you like to have access to your bank accounts and assets if you become incapacitated?

Use the same list as the Guardian of Your Assets (Your Trustee / Personal Rep)

If you would like to name individuals not named as Guardian of Your Assets, fill in their names in the chart below. You can leave this blank if you checked “Use the same list as the Guardian of Your Assets”.

(Please indicate at least three options.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Financial POA**  **No. 1** |  |  |  |  |  |
| **Financial POA**  **No. 2** |  |  |  |  |  |
| **Financial POA**  **No. 3** |  |  |  |  |  |

Your Potential Medical Power of Attorney

Who would you like to make medical decisions on your behalf if you become incapacitated?

(Please indicate at least three options.)

Name Your Spouse First

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Medical POA**  **No. 1** |  |  |  |  |  |
| **Medical POA**  **No. 2** |  |  |  |  |  |
| **Medical POA**  **No. 3** |  |  |  |  |  |

Trusted Professional Advisors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **TYPE OF ADVISOR** | **CITY & STATE** | **Phone** | **EMAIL** |
| **Trusted Professional Advisor No. 1** | Wills & Wellness Estate Planning (Bowles Ruddell & Associates Ltd.) | Estate Planning  Law Firm | Denver, CO | 720.266.8190 | support@willsandwellness.com |
| **Trusted Professional Advisor No. 2** |  | Life Insurance Agent |  |  |  |
| **Trusted Professional Advisor No. 3** |  | Realtor |  |  |  |
| **Trusted Professional Advisor No. 4** |  | Financial Advisor |  |  |  |
| **Trusted Professional Advisor No. 5** |  | Accountant |  |  |  |