



You must appoint a personal representative in your Will or Trust. Your personal representative is the person who will be responsible for the administration of your estate. You should appoint someone you trust

**Personal Representative**

**Name:**

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**Address:**

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**Alternate Personal Representative \*Required**

**Name:**

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**Address:**

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If you have minor children, you will also be appointing a Guardian for your children in your Will. The guardian of your children may be, but is not required to be, the same person(s) who will be handling the financial administration of your estate. You may also appoint someone to raise your children who is separate from the person you choose to handle the financial administration

**Guardian**

**Name:**

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**Address:**

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**Alternate Guardian**

**Name:**

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**Address:**

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The primary purpose of a Will is to direct the distribution of your assets according to your wishes. Accordingly, please indicate how you would like your estate to be distributed. You may indicate bequests of specific property, general monetary bequests, or a percentage of your estate:

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**LAST REMAINS:**

In your Will you may also indicate your preference for the treatment of your last remains. Please state your wishes:

\_\_\_\_\_ Cremation

\_\_\_\_\_ Burial

\_\_\_\_\_ No preference

**ARE ANY OF THE NAMED BENEFICIARIES LISTED IN YOUR WILL/TRUST A PAID CAREGIVER?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**FINANCIAL POWER OF ATTORNEY**

In your Financial Power of Attorney you will appoint someone to manage your financial affairs in the event you become incompetent at some time prior to your death. This power will **ONLY** come into effect in the event of such incapacity. This document grants your agent very broad powers and it is very important to appoint someone whom you trust a great deal to this position.

**Financial Agent**

**Alternate Financial Agent** \*Required

**Name:**

**Name:**

**Address:**

**Address:**

**Phone:**

**Phone:**

**HEALTH CARE POWER OF ATTORNEY**

In your Health Care Power of Attorney, you will decide the situations in where you want to refuse life-sustaining medical treatment. You will also appoint an agent to convey these wishes to your doctor in the event you become incapacitated and cannot make these decisions yourself.

**Health Care Agent**

**Alternate Health Care Agent** \*Required

**Name:**

**Name:**

**Address:**

**Address:**

**Phone:**

**Phone:**

Are you an organ donor? \_\_\_\_\_ YES \_\_\_\_\_ NO

Neptune Society provides Cremation and Burial Services. Would you like to receive more information? \_\_\_\_\_ YES \_\_\_\_\_ NO

# CLIENT ESTATE INFORMATION

\*Required

THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS USED TO HELP DETERMINE WHICH ESTATE PLAN IS BEST FOR YOU!

Do you own any interest in an LLC or a Corporation? \_\_\_\_ Yes \_\_\_\_ No

Real Property including your primary residence, land, rental properties and timeshares:

Address	Estimated Value	Mortgage Amount

Bank Accounts including checking, savings, money market accounts or CDs:

Bank Name	Estimated Value

Tax Qualified Investments including IRA, 401K, 403b, TSP:

Custodian	Amount

Non-Tax Qualified Investments including stocks, bonds, mutual funds, etc:

Investment	Amount

Life Insurance:


We also provide our clients with financial advising and review at no additional cost. Would you like more information on this service? \_\_\_\_ YES \_\_\_\_ NO

**THIS SECTION FOR OFFICE USE ONLY**

**ATTORNEY NOTES:**

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LEGAL ASSISTANT INITIALS: \_\_\_\_\_

INDEPENDENT ATTORNEY CERTIFICATION: \_\_\_\_\_

# We Offer Special Pricing For First Responders!

## Which Do You Want For Your Family?

Will - \$49

OR

Trust - \$595

Probate

Heirs

- Road Blocks
- Court Supervision
- Assets are Public Record
- State Filing Fees
- Attorney Fees
- Time delays

- No Court Control
- No Time Delays
- Save \$\$\$\$

Heirs

