



### Personal Planning Worksheet

Please Print

Date \_\_\_\_\_

Single or

Husband: Full Legal Name \_\_\_\_\_ Wife: Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email (husband) \_\_\_\_\_ Email (wife) \_\_\_\_\_

If married, is there is Prenuptial or Postnuptial Agreement: Yes No

Social Network: Facebook:  Twitter:  MySpace:  LinkedIn:

Birthdate \_\_\_\_\_ Birthdate \_\_\_\_\_

Children (Legal Name)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Would you like to provide for any children you might have or adopt in the future?

Single or

Husband: Yes \_\_\_ No \_\_\_

Wife: Yes \_\_\_ No \_\_\_

### Specific Distributions to be listed in your Will

Please be specific in naming an item and/or amount. Do not include charitable contributions here.

Single or

Husband:

Name \_\_\_\_\_

Wife:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Item \_\_\_\_\_

Item \_\_\_\_\_

### Charitable Contributions to be listed in your Will

*Single or  
Husband:*

Name \_\_\_\_\_

Item \_\_\_\_\_

Name \_\_\_\_\_

Item \_\_\_\_\_

Name \_\_\_\_\_

Item \_\_\_\_\_

*Wife:*

Name \_\_\_\_\_

Item \_\_\_\_\_

Name \_\_\_\_\_

Item \_\_\_\_\_

Name \_\_\_\_\_

Item \_\_\_\_\_

### Distribution of Remainder of your estate

Please choose the *one* manner in which the rest of your assets should be distributed.

*Single or  
Husband:*

Spouse then children? \_\_\_\_\_

To your children? \_\_\_\_\_

To your heirs? \_\_\_\_\_

*Wife:*

Spouse then children? \_\_\_\_\_

To your children? \_\_\_\_\_

To your heirs? \_\_\_\_\_

### Guardian Information for minor children

Whom do you want to be responsible for your minor children in the event of your death?

*Single or  
Husband:*

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

*Wife:*

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

### Trust Options for Remainder

Please choose *one* manner in which the remainder of your assets should be inherited by your children.

**Single or  
Husband:**

Outright gift to children (no Trust) \_\_\_\_\_

Single Trust for minor children until *youngest child* reaches the age of \_\_\_\_.

Single Trust until *youngest child* reaches the age of \_\_\_\_, then separate Trusts until each child reaches the age of \_\_\_\_.

**Wife:**

Outright gift to children (no Trust) \_\_\_\_\_

Single Trust for minor children until *youngest child* reaches the age of \_\_\_\_.

Single Trust until *youngest child* reaches the age of \_\_\_\_, then separate Trusts until each child reaches the age of \_\_\_\_.

### Executor/Personal Representative Information

Please name the person who will handle your affairs at your death.

**Single or  
Husband:**

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

**Wife:**

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

### Disposition of Remains

Burial Instructions

Do you have specific disposition instructions for your remains?

**Single or**

**Husband:**

\_\_\_\_\_

\_\_\_\_\_

**Wife:**

\_\_\_\_\_

\_\_\_\_\_

### Other Will Options and Accessories

Do you have a previous Will?

**Single or**

**Husband:** Yes \_\_\_\_ No \_\_\_\_

**Wife:** Yes \_\_\_\_ No \_\_\_\_

Do you want to disinherit anybody?

**Single or**

**Husband:** Yes \_\_\_\_ No \_\_\_\_

**Wife:** Yes \_\_\_\_ No \_\_\_\_

Who? \_\_\_\_\_

Who? \_\_\_\_\_

Do you want to forgive any debts?

*Single or*

*Husband:* Yes \_\_\_\_ No \_\_\_\_

*Wife:* Yes \_\_\_\_ No \_\_\_\_

Who? \_\_\_\_\_

Who? \_\_\_\_\_

You do want to leave pet care instructions?

*Single or*

*Husband:* Yes \_\_\_\_ No \_\_\_\_

*Wife:* Yes \_\_\_\_ No \_\_\_\_

Instructions \_\_\_\_\_

Instructions \_\_\_\_\_

### Power of Attorney for Health Care

Who will manage your healthcare decisions when you cannot?

*Single or*

*Husband:*

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

*Wife:*

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

### Do you want to establish a Living Will?

*Single or*

*Husband:* Yes \_\_\_\_ No \_\_\_\_

*Wife:* Yes \_\_\_\_ No \_\_\_\_

### HIPPA Authorization Form

Please list family and friends whom you authorize to receive medical information about your condition

*Single or*

*Husband:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

*Wife:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

### Power of Attorney for Assets

Who will manage your assets when you cannot?

**Single or  
Husband:**

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

**Wife:**

First choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_