

ESTATE PLANNING WORKSHEET

Estate Planning and Administration
Elder Law - Special Needs
International Tax

ESTATE PLANNING QUESTIONNAIRE FOR COLLEGE STUDENT

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Personal Information:

Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Can we email documents? Yes/ No

Date of Birth: _____ Place of Birth: _____

Permanent Address: _____

Mailing Address: _____

Power of Attorney (Financial Power):

1) Primary Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

* If appointing co-Agents: Co-Agents must act together? or Co-Agents may act separately?

SELECT ONE OF THE THREE FOLLOWING OPTIONS:

1. Immediate power: effective upon signing the document
2. Springing power: effective only upon medical certification
3. Combination power: effective upon signing the document for the primary agent, but only upon medical certification for any alternates

Advance Medical Directive (Medical Power):

Are they the same as listed in Power of Attorney?

Yes (skip to Your Wishes) / No (fill in your selection(s) below)

1) Primary Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

3) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

2) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

4) Alternate Agent(s):

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

* If appointing co-Agents: Co-Agents must act together? or Co-Agents may act separately?

FOR EACH QUESTION, SELECT ONE OPTION:

1. You want your Living Will to supersede the power of your agent.
 You want the power of your agent to supersede your Living Will.

2. Women: If you are pregnant:
 The viability of the baby shall be a priority. Your agent shall only consent to the removal of life-prolonging procedures, if the viability of the baby is very poor.
 The viability of the baby shall not be a priority. Your agent shall make a healthcare decision for you.

PLEASE ANSWER YES OR NO:

1. Do you want organ donation instructions. Yes/ No.
2. Do you want funeral instructions. Yes/ No.

HIPAA Release:

Any additional individuals you would like to have access to your medical records?
