

# ESTATE PLANNING WORKSHEET

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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:

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

- Do you want organ donation instructions.  Yes/  No.
- Do you want funeral instructions.  Yes/  No.

## HIPAA Release:

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

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