



Estate Plan & Gift Plan Documents Outline

WILLS

YOU

Full Name First _____ Last _____

Date- Will, Drafter's Name _____

Address, Phone & Email# _____

Executor, Phone & Email _____

Alternates #1 _____ #2 _____

Guardian of the Person _____

Alternates #1 _____ #2 _____

Guardian of the Property _____

Alternates #1 _____ #2 _____

Trustee, Phone & Email _____

Alternates #1 _____ #2 _____

Distribution Plan _____

Charitable Gifts _____



TRUST

Date-Trust, Drafter's Name _____

Address, Phone & Email# _____

Trustee, Phone & Email #1 _____ #2 _____

Alternates _____

Distribution Plan _____

Charitable Gifts _____



DURABLE POWER OF ATTORNEY- FINANCIAL MANAGEMENT

Date-DPAFM, Drafter's Name _____

Attorney in Fact _____

Alternates #1 _____ #2 _____

Powers _____



ADVANCE HEALTH CARE DIRECTIVE

Date-AHCD, Drafter's Name _____

Attorney in Fact _____

Alternates #1 _____ #2 _____

Powers _____



Estate Plan & Gift Plan Documents Outline

WILLS

SPOUSE/PARTNER

Full Name First _____ Last _____

Date- Will, Drafter's Name _____

Address, Phone & Email# _____

Executor, Phone & Email _____

Alternates #1 _____ #2 _____

Guardian of the Person _____

Alternates #1 _____ #2 _____

Guardian of the Property _____

Alternates #1 _____ #2 _____

Trustee, Phone & Email _____

Alternates #1 _____ #2 _____

Distribution Plan _____

Charitable Gifts _____

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TRUST

Date-Trust, Drafter's Name _____

Address, Phone & Email# _____

Trustee, Phone & Email #1 _____ #2 _____

Alternates _____

Distribution Plan _____

Charitable Gifts _____

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DURABLE POWER OF ATTORNEY- FINANCIAL MANAGEMENT

Date-DPAFM, Drafter's Name _____

Attorney in Fact _____

Alternates #1 _____ #2 _____

Powers _____

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ADVANCE HEALTH CARE DIRECTIVE

Date-AHCD, Drafter's Name _____

Attorney in Fact _____

Alternates #1 _____ #2 _____

Powers _____

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