

1. Order of Personal Representatives (Note if requiring the Personal Representative to serve with bond):

A. Original: (Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

B. First Alternate:(Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

2. Order of Guardians for Minor Children (Can be one Guardian or two or more Co-Guardians):

B. Original: (Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

C. First Alternate:(Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

3. Order of Trustees for Minor Children *If different than Guardians named above:

B. Original: (Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

C. First Alternate:(Name) _____
(Tel. No.) (Address) _____
(Relationship) _____

4. Person(s) to act under Durable Power of Attorney:

B. Original: (Name) _____
(Tel. No.) (Address) _____

C. First Alternate:(Name) _____
(Tel. No.) (Address) _____

5. Person(s) to act under Durable Power of Attorney for Health Care:

B. Original: (Name) _____
(Tel. No.) (Address) _____

C. First Alternate:(Name) _____
(Tel. No.) (Address) _____

6. Please check the ONE option you prefer and fill in the Contingent Beneficiary blanks:

Option A: I want my assets to pass to my spouse and children as follows:

- To my spouse, if surviving.
- If my spouse predeceases me, to my children in equal shares.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and decedents fail to survive me, I want my assets to be distributed as follows:
- Contingent Beneficiary(s):

Option B: I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event all of my children and decedents fail to survive me, I want my assets to be distributed as follows:
- Contingent Beneficiary(s):

Option C: None of the above. I want my assets to pass as follows:

7. Special Instructions (for example, a particular item to a named beneficiary):

8. Burial Instructions and/or Organ Donation Instructions (if any):

9. List the estimated value of your assets as of today's date.

| VALUE - Insert dollar amount in appropriate column(s). | | | | |
|---|-------------------|--------------------------|--------------|-----------------------------|
| ASSETS | Individual Assets | Spouse's Separate Assets | Joint Assets | Joint Assets/ Non-Spouse |
| a. Home | | | | |
| b. Other Real Estate | | | | |
| c. Bank Accounts | | | | |
| Additional Accounts | | | | |
| d. Autos & Vehicles | | | | |
| e. Stocks & Investments | | | | |
| f. Interest in a Business | | | | |
| g. Retirement Plan | | | | |
| h. Life Insurance | | | | |
| i. Miscellaneous | | | | |
| TOTALS | | | | |

10. List your estimated debt in each category as applicable.

| DEBTS | Individual Debts | Spouse's Separate Debt | Joint Debts | Joint Debts Non-spouse |
|---------------------------------|------------------|------------------------|-------------|---------------------------|
| a. Mortgages on home, car, etc. | | | | |
| b. Signature Loan at bank | | | | |
| c. Medical or other expense | | | | |
| d. Other debts over \$5,000 | | | | |
| TOTALS | | | | |

***Please attach a piece of paper and include any additional information or clarification you wish us to know about any questions presented.**

I (We) confirm that the information contained in this form is complete and accurate and that the instructions convey my (our) wishes.

Name: _____

Date: _____

Name: _____

Date: _____