



# ESTATE PLAN DOCUMENTS

## People & Organizations

In this section you should add the names and information on each person or organization that will play a role in your Estate Plan. Anyone who may be a trustee, beneficiary, agent, guardian, or any other role needs to be listed here. Organizations or Entities should also be listed here (for example if you want to give a bequest to your church.)

One person can have multiple roles, such as healthcare agent and also your guardian for your kids as well as being a beneficiary. Do not worry about selecting those roles right now, you will do that in a little bit. If you forget someone, do not worry you can come back and add them to your list.

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\*First Name: \_\_\_\_\_ \*Middle: \_\_\_\_\_ \*Last: \_\_\_\_\_ Age \_\_\_\_ or Date of Birth: \_\_/\_\_/\_\_

\*Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ \*US Citizen: \_\_\_ Yes \_\_\_ No

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: : \_\_\_\_\_ \*Related to: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

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\*First Name: \_\_\_\_\_ \*Middle: \_\_\_\_\_ \*Last: \_\_\_\_\_ Age \_\_\_\_ or Date of Birth: \_\_/\_\_/\_\_

\*Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ \*US Citizen: \_\_\_ Yes \_\_\_ No

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: : \_\_\_\_\_ \*Related to: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

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\*First Name: \_\_\_\_\_ \*Middle: \_\_\_\_\_ \*Last: \_\_\_\_\_ Age \_\_\_\_ or Date of Birth: \_\_/\_\_/\_\_

\*Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ \*US Citizen: \_\_\_ Yes \_\_\_ No

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: : \_\_\_\_\_ \*Related to: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

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\*Organization name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_ \*US Citizen: \_\_\_ Yes \_\_\_ No

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: : \_\_\_\_\_ \*Related to: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Relationship: \_\_\_\_\_