



THE BORGER LAW FIRM
A PROFESSIONAL CORPORATION

ESTATE PLANNING WORKSHEET

Please return the completed to david.borger@borgerlaw.com.

NAME: _____ **DOB:** _____

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **LAST FOUR DIGITS OF SSN#:** _____

HYATT LEGAL / MET LAW CASE NUMBER (S): _____

(Please call Hyatt Legal at 800-821-6400 to obtain a case number. ARAG Clients please send your Case Assist Confirmation Form.)

EMPLOYER: _____ **WORK#:** _____

E-MAIL: _____ **CELL#:** _____

YOUR DISPOSITIVE PLAN

DESCRIBE IN GENERAL TERMS HOW YOU WANT TO DISTRIBUTE YOUR PROPERTY UNDER YOUR WILL: _____

WOULD YOU LIKE TO INCLUDE A BURIAL OR CREMATION REQUEST IN YOUR WILL? IF YES, PLEASE DESCRIBE:

PART II – DESIGNEES

EXECUTOR (I.E., THE PERSON WHO WILL BE RESPONSIBLE FOR PROBATING YOUR WILL, FILING THE ESTATE TAX RETURN, IF NECESSARY, AND DISTRIBUTING ASSETS TO THE BENEFICIARIES.)

NAME OF EXECUTOR/RELATIONSHIP: _____

1ST ALTERNATE EXECUTOR/RELATIONSHIP: _____

2ND ALTERNATE EXECUTOR/RELATIONSHIP: _____

GUARDIAN OF MINOR CHILDREN (I.E. THE PERSON WHO WILL TAKE PHYSICAL CUSTODY OF YOUR MINOR CHILDREN SHOULD BOTH PARENTS DIE.)

1ST ALTERNATE EXECUTOR/RELATIONSHIP: _____

2ND ALTERNATE EXECUTOR/RELATIONSHIP: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS (I.E., THE PERSON WHO WILL BE RESPONSIBLE FOR HANDLING YOUR FINANCIAL AFFAIRS IN THE EVENT YOU BECOME INCAPACITATED. THE POWER OF ATTORNEY CAN BE A POWERFUL TOOL IN LONG-TERM CARE PLANNING. THE STATUTORY POWER CAN BE AMENDED TO INCLUDE THE GRANTING OF POWERS FOR LONG-TERM CARE DECISIONS, TRUST CREATION, THE POWER TO ADMINISTER DIGITAL ASSETS AND SOCIAL MEDIA, HIRE HOME HEALTH CARE WORKERS, ETC.)

NAME OF AGENT FOR POWER OF ATTORNEY/ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ **WORK PHONE NO.:** _____

ALTERNATE POWER OF ATTORNEY /RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ **WORK PHONE NO.:** _____

MEDICAL POWER OF ATTORNEY (I.E., THE PERSON WHO CAN PROVIDE CONSENT TO MEDICAL TREATMENT WHEN YOU YOURSELF CANNOT.)

NAME OF AGENT: _____

ADDRESS: _____

HOME PHONE NO.: _____ **WORK PHONE NO.:** _____

NAME OF SUCCESSOR AGENT: _____

ADDRESS: _____

HOME PHONE NO.: _____ **WORK PHONE NO.:** _____

PART III - SPOUSE

NAME: _____ DOB: _____

LAST FOUR OF SNN#: _____ CELL#: _____

EMPLOYER: _____ WORK#: _____

E-MAIL: _____

SPOUSE’S DISPOSITIVE PLAN

DESCRIBE IN GENERAL TERMS HOW YOU WISH TO DISTRIBUTE YOUR PROPERTY UNDER YOUR WILL: _____

WOULD YOU LIKE TO INCLUDE A BURIAL OR CREMATION REQUEST IN YOUR WILL? IF YES, PLEASE DESCRIBE:

SPOUSE’S DESIGNEES

EXECUTOR

NAME OF EXECUTOR / RELATIONSHIP: _____

1ST ALTERNATE EXECUTOR / RELATIONSHIP: _____

2ND ALTERNATE EXECUTOR / RELATIONSHIP: _____

GUARDIAN OF MINOR CHILDREN

NAME OF GUARDIAN / RELATIONSHIP: _____

1ST ALTERNATE GUARDIAN / RELATIONSHIP: _____

2ND ALTERNATE GUARDIAN / RELATIONSHIP: _____

POWER OF ATTORNEY FOR FINANCIAL AFFAIRS

AGENT FOR POWER OF ATTORNEY / RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ WORK PHONE NO.: _____

ALTERNATE AGENT FOR POWER OF ATTORNEY / RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ WORK PHONE NO.: _____

MEDICAL POWER OF ATTORNEY

NAME OF AGENT / RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ WORK PHONE NO.: _____

NAME OF SUCCESSOR AGENT / RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE NO.: _____ WORK PHONE NO.: _____

PART V - CHILDREN

INFORMATION ABOUT YOUR CHILDREN WITH CURRENT SPOUSE

NAME	GENDER	BIRTHDATE	MARRIED	CITY / STATE (RESIDENCE)
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____
_____	_____	_____	Y / N	_____

DO YOU INTEND TO DISINHERIT ANY OF THESE CHILDREN? Y / N

IF YES, EXPLAIN:

