Section 3

Legal Issues

Information for First Person:

Attorney's Name:	
Name of Firm:	
Work Telephone#: ()FAX #:()	
Cell Phone#: ()Email Address:	
Address :	
Office Staff:	
Work Telephone#:()FAX #:()	
Email Address:	
Office Staff:	
Work Telephone#:()FAX #:()	
Email Address:	
Family Member with Special Needs:	
Name:My_Relationship:	
Address:Telephone #: ()	
Primary Care Physician:Telephone #: ()	
Disability:	
Family Care Manager:Telephone #:()	
Location of Trust Documents:	
Contingent Legal Guardian Contact Information:	
Notes:	
Will for: Dated:	
Date(s) of Codicil(s):	
Location of Original Documents:	
County and State in which Will was executed:	
Executor(trix):Cell Phone #:()	
Telephone #:()Cell Phone #:()	
Address:	
Email Address:	
Alternate Executor's name:	
Telephone #:()Cell Phone #:()	
Address:	
Email Address:	

Guardians for minor of	hildren:
Telephone#:()	Cell Phone #:()
Address of Guardians:	
Email Address:	
Work Telephone#:()FAX #:()
Truck Name:	
Trust Name:	Trust Tax ID# if applicable:
Date of Trust:	Irust Tax ID# II applicable:
Dates(s) of Amendme	ents(s)/Restatements
Location of Original D	Documents:
Name of Trustee(s):	Cell Phone#:()
reiepnone #:()	Ceii Phone#:()
Address:	
Email Address:	
Name of Trustee(s):	0.11.51
Telephone #:()	Cell Phone#:()
Email Address:	
Name of Successor Tru	ustee:
Telephone #:()	Cell Phone#:()
Address:	
Email Address:	
Advanced Medical Div	weetive/DDA for Heelth Core for
	rective/DPA for Health Care for:
Name of primary design	ent:
Telephone #:/	gnee:Cell Phone#:()
Work Telephone #1	OGILI HOHE#.()
Address.)
Fmail Address	
Liliali Addicss.	
Name of first alternate	e:
Telephone #:()	Cell Phone#:()
Work Telephone #:()
Address:_	
Email Address:	
POLST Form complet	ted: 🗆 YES 🗆 NO

Durable Power of Attorney for Finance for:		
Location of document:		
Name of primary designee:		
Talambana # /)		
Telephone #: ()		
Cell Phone#: ()		
Work Telephone #: ()		
Addison		
Address:		
Email Address:		
Name of first alternate:		
Name of first alternate:		-
Telephone #: ()		
Cell Phone#: ()		
Work Telephone #:()		
y		
Address:		
		•
Email Address:		
		•
CPA/Accountant's Name:	<u> </u>	
Name of Firm:	<u> </u>	
Traine of Finns.		
Telephone#:()		
FAX #:()		
Address:		
	<u></u>	
Email Address:	<u></u>	

(Date and Place of Current Marriage): Previous Marriage Certificate(s): Dissolution of Marriage(s): Insurance Policies: Birth and Death Certificates: Military Discharge Papers: Adoption Documents: Passports (include # and expiration date): Planned Giving Documents: Other Important Documents:	(Current Marriage Certificate:
Dissolution of Marriage(s): Insurance Policies: Birth and Death Certificates: Military Discharge Papers: Adoption Documents: Passports (include # and expiration date): Planned Giving Documents:	(Date and Place of Current Marriage):
Insurance Policies: Birth and Death Certificates: Military Discharge Papers: Adoption Documents: Passports (include # and expiration date): Planned Giving Documents:	F	Previous Marriage Certificate(s):
Birth and Death Certificates: Military Discharge Papers: Adoption Documents: Passports (include # and expiration date): Planned Giving Documents:		Dissolution of Marriage(s):
Military Discharge Papers: Adoption Documents: Passports (include # and expiration date): Planned Giving Documents:		Insurance Policies:
Adoption Documents: Passports (include # and expiration date): Planned Giving Documents:	E	Birth and Death Certificates:
Passports (include # and expiration date): Planned Giving Documents:		Military Discharge Papers:
Planned Giving Documents:		Adoption Documents:
	F	Passports (include # and expiration date):
Other Important Documents:	F	Planned Giving Documents:
	(Other Important Documents:
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