

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): _____

Telephone #: () _____ Cell Phone #: () _____

Address: _____

Email Address: _____

Alternate Executor's name: _____

Telephone #: () _____ Cell Phone #: () _____

Address: _____

Email Address: _____

Guardians for minor children: _____
Telephone#:() _____ Cell Phone #:() _____
Address of Guardians: _____
Email Address: _____
Work Telephone#:() _____ FAX #:() _____

Trust Name: _____
Date of Trust: _____ Trust Tax ID# if applicable: _____
Dates(s) of Amendments(s)/Restatements: _____
Location of Original Documents: _____
Name of Trustee(s): _____
Telephone #:() _____ Cell Phone#:() _____
Address: _____
Email Address: _____

Name of Trustee(s): _____
Telephone #:() _____ Cell Phone#:() _____
Address: _____
Email Address: _____

Name of *Successor* Trustee: _____
Telephone #:() _____ Cell Phone#:() _____
Address: _____
Email Address: _____

Advanced Medical Directive/DPA for Health Care for: _____
Location of document: _____
Name of primary designee: _____
Telephone #:() _____ Cell Phone#:() _____
Work Telephone #:() _____
Address: _____
Email Address: _____

Name of first alternate: _____
Telephone #:() _____ Cell Phone#:() _____
Work Telephone #:() _____
Address: _____
Email Address: _____

POLST Form completed: YES NO

Location of Form: _____

Durable Power of Attorney for Finance for: _____

Location of document: _____

Name of primary designee: _____

Telephone #: () _____

Cell Phone#: () _____

Work Telephone #: () _____

Address: _____

Email Address: _____

Name of first alternate: _____

Telephone #: () _____

Cell Phone#: () _____

Work Telephone #: () _____

Address: _____

Email Address: _____

CPA/Accountant's Name: _____

Name of Firm: _____

Telephone#: () _____

FAX #:() _____

Address: _____

Email Address: _____

Location of Other Important Documents or Assets:
Community Property and/or Prenuptial Agreement:

Current Marriage Certificate:

(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:
