

My Estate Plan

Pour-Over Will
Personal Rep.
1 _____
2 _____
3 _____

Financial POA
Agents:
1 _____
2 _____
3 _____

Healthcare POA
Agents:
1 _____
2 _____
3 _____

Living Will
Agents:
1 _____
2 _____
3 _____

My Name
DOB

My Estate Plan
(Revocable Individual Trust)
Successor Trustees: Custodian for Minors:
1 _____ 1 _____
2 _____ 2 _____
3 _____ 3 _____

My Beneficiaries:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Distribution at Death

Outright to Individual Beneficiaries
1 _____
2 _____
3 _____

Outright to Charitable Beneficiaries
1 _____
2 _____
3 _____

Held in Trust for Beneficiaries
1 _____
2 _____
3 _____

Held in Trust for Pet Beneficiaries
Trustee/Caregiver:
1 _____
2 _____
3 _____

Specific Distributions
1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____