

Name an Executor (Name/Address)

Primary:	Alternate:

Health Care Proxy: (Name/Address/Cell)

Primary:	Alternate:

Durable Power of Attorney Name/Address/Cell

Primary:	Alternate:

Trustee of Trust for Children/Guardian (if needed)

Primary:	Alternate

Special Requests under Your Will

Please indicate any special wishes concerning care of pets, burial wishes, gifts of specific property to specific people.

Is there any other information you would like to tell me or think I should know? Please jot that down here.