

The Law Office of D. Cole Phelps, PLLC

Estate Planning Worksheet

Legal Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____

Spouse Information (If applicable):

Full Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____

Do you want to be cremated or buried? Where? (Circle one) Cremated Buried

Location: _____

Specific Gifts: Do you wish to leave specific gifts to specific individuals? Yes No

(automobiles, furniture, household goods, tools, trailers, boats, guns, etc.)

If yes, please list below:

Description of Item	Who You Wish To Give It To and their Relationship to you

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Real Property: List the address, deed book, and page number of all real property you own.

Location of Property (Address)	Deed Book	Page Number	Name of Person You Wish to Give It To and their Relationship To You

Personal Property

Description of Property	Who You Wish To Give It To

If more space is needed, please attach an additional page to this worksheet

Remaining Property- Where do you want what is left to go? (Names and Relationships)

Executor to be named:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

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Alternate Executor:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

Living Will:

This is an advance medical directive that specifies what types of medical treatment are desired. A living will can be very specific or very general. The most common statement in a living will requests that if the patient suffers an incurable, irreversible illness, disease, or condition, and the attending physician determines that the condition is terminal, life-sustaining measures that would serve only to prolong dying be withheld or discontinued. More specific living wills may include information regarding an individual's desire for services such as pain relief, antibiotics, hydration, feeding, and the use of ventilators, blood products, or cardiopulmonary resuscitation.

Have you or your spouse (if applicable) ever executed a Living Will?

Do you want a Living Will?

If you do not designate one or more doctors to decide whether you lack sufficient understanding or capacity to make or communicate decisions related to your health care, your attending physician at the time will make that decision. This decision activates the document, and does not mean that the doctor makes the ultimate decision regarding your care.

You will need to make decision regarding organ donation, life sustaining medical treatment and tubular feeding. Please think about these very important topics and be prepared to make a decision when you meet with Attorney Phelps. One of the most important decisions will be whether you want the following statement in your health care power of attorney?

I DESIRE THAT MY LIFE NOT BE PROLONGED BY LIFE-SUSTAINING PROCEDURES IF I AM TERMINALLY ILL, PERMANENTLY IN A COMA, SUFFER SEVERE DEMENTIA, OR AM IN A PERSISTENT VEGETATIVE STATE.

Do you want this statement in your living will?

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Health Care Power of Attorney:

A Health Care Power of Attorney (HCPOA) gives the person you name as your “agent” the power to make health care decisions for you if you cannot make the decision yourself. This power includes the power to make decisions about life-sustaining treatment, unless you state otherwise, your health care agent will have the same authority to make decisions about your health care as you would.

Have you or your spouse (if applicable) ever executed a HCPOA?

Would you like us to provide this HCPOA for you?

If yes, please list below:

Health Care Power of Attorney to be named:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

Alternate Health Care Power of Attorney to be named:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

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Durable Power of Attorney:

A Durable Power of Attorney (DPOA) is a document which allows you to name an individual who has the authority to act on your behalf under certain circumstances. The true purpose behind a power of attorney is that an individual, while competent, may designate another to make business decisions, pay bills, transfer assets, etc. if you become incompetent or incapacitated.

Have you or your spouse (if applicable) ever executed a Power of Attorney?

Would you like us to provide this Durable Power of Attorney (DPOA) for you?

If yes, please list below:

Durable Power of Attorney to be named:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

Alternate Durable Power of Attorney to be named:

Legal name: _____

Relationship to you: _____

Address: _____

Tel: Number: _____

The DPOA can go into effect as soon as you sign it or it can go into effect only once you are deemed incompetent. Circle One:

Do you want your DPOA to:

Go into effect immediately? _____

OR

Only once you are determined to be incompetent? _____

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If you have ever had a will or other documents prepared previously, please bring copies of your most recent will(s) to your appointment.

List any other concerns or objectives that you would like to accomplish with your estate plan:

Please sign and date below indicating that you have read and completed this questionnaire.

Signed:

Client

Date