

Either state the location of each document or place copies in this section

Name \_\_\_\_\_ Date \_\_\_\_\_

**WILL**

I have a will (Y/N) \_\_\_\_\_ Date of most current will \_\_\_\_\_ codicil \_\_\_\_\_

Location of document original \_\_\_\_\_

Location of additional copies(e.g., file, children, attorney) \_\_\_\_\_

\_\_\_\_\_

Executor(s) \_\_\_\_\_ Phone \_\_\_\_\_

Contingent executor(s) \_\_\_\_\_ Phone \_\_\_\_\_

**TRUSTS**

I have a living trust (Y/N) \_\_\_\_\_ Date of original trust \_\_\_\_\_

Revisions \_\_\_\_\_ Date of last revision \_\_\_\_\_

Trustee(s) \_\_\_\_\_ Phone \_\_\_\_\_

Contingent trustee(s) \_\_\_\_\_ Phone \_\_\_\_\_

Other trusts (e.g., bypass (A/B) trust, marital trust, QTIP trust, estate trust, life insurance trust)

\_\_\_\_\_

\_\_\_\_\_

**POWER OF ATTORNEY FOR PROPERTY MANAGEMENT**

I have a POA for property mgt (Y/N) \_\_\_\_\_ Date of document \_\_\_\_\_

Name of agent(s) given authority to act \_\_\_\_\_

Contingent agent(s) \_\_\_\_\_

Location of this POA \_\_\_\_\_

**POWER OF ATTORNEY FOR HEALTH CARE**

I have a POA for Health Care (Y/N) \_\_\_\_\_ If you complete the Advance Health Care Directive in Sec 6, you may discard the POA. Otherwise, the most recent document applies

Name of agent(s) given decision-making authority \_\_\_\_\_

Contingent agent(s) \_\_\_\_\_

Location of POA \_\_\_\_\_