

GREGORY LAW, LLC

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ESTATE PLANNING FORM

CONFIDENTIAL

Section 1: Client Information

Full Legal Name: _____

Birth date: _____ Age: _____ SS# _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone _____

E-mail Address _____

Employer _____ Position _____

Business Telephone: _____

Never Married Married Divorced: Date: _____

Are either of your parents still living? Yes No

Additional Information you would like to provide:

Section 2: Children

Child 1

Full Legal Name: _____ DOB _____ Age: _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email: _____
Comments (adopted, stepchild, special needs, etc.) _____

Child 2

Full Legal Name: _____ DOB _____ Age: _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email: _____
Comments (adopted, stepchild, special needs, etc.) _____

Child 3

Full Legal Name: _____ DOB _____ Age: _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email: _____
Comments (adopted, stepchild, special needs, etc.) _____

Child 4

Full Legal Name: _____ DOB _____ Age: _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email: _____
Comments (adopted, stepchild, special needs, etc.) _____

Section 3: Guardianship for Children:

Choice 1: _____
Address: _____
Phone: _____

Backup #1: _____
Address: _____
Phone: _____

Backup #2: _____
Address: _____
Phone: _____

Would you like to establish a Trust for the care of your children? Yes No

Section 4: Power of Attorney

Name: _____

Address: _____

Backup #1: _____

Address: _____

Backup #2: _____

Address: _____

Check the items below you would like to grant power of attorney authority to.

Real estate transactions;

chattel and goods transactions;

bond, share, and commodity transactions;

banking transactions;

business operating transactions;

insurance transactions;

estate transactions;

claims and litigation;

personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;

benefits from governmental programs or civil or military service;

financial matters related to health care; records, reports, and statements;

retirement benefit transactions;

tax matters;

all other matters;

full and unqualified authority to my agent(s) to delegate any or all the foregoing powers to any person or persons whom my agent(s) select.

all the above.

Section 5: Health Care Proxy and Living Will

Name: _____
Address: _____
Phone: _____

Backup #1: _____
Address: _____
Phone: _____

Backup #2: _____
Address: _____
Phone: _____

Please check the items below that you would like to grant to your Health Care Proxy.

My Health Care Agent shall have access to my health records or information, including Protected Health Information.

My Health Care Agent knows my wishes about artificial nutrition and hydration, and I authorize my Health Care Agent to make health care decisions on my behalf.

If I am in a coma or unconscious with no hope of recovery, then I do not want any artificial nutrition and hydration (nourishment and water provided by feeding tubes). The life-sustaining procedures that may be withheld or withdrawn include, but are not limited to, surgery, antibiotics, cardiac resuscitation, respiratory support, and artificially administered feeding and fluids. I direct that treatment be limited to comfort measures only, even if they shorten my life.

Section 6: Memorial Services

Do you have any special instructions for a funeral, memorial service, or disposition of your remains? If so, please identify your wishes below.

Section 7: Estate Executor

Name: _____
Address: _____
Phone: _____

Backup #1: _____
Address: _____
Phone: _____

Backup #2: _____
Address: _____
Phone: _____

Section 8: Advisor Contacts

	Name	Telephone
Auto/Home Insurance Agent	_____	_____
Tax Advisor (CPA)	_____	_____
Life Insurance Agent	_____	_____
Financial Advisor	_____	_____
Stockbroker	_____	_____
Banker	_____	_____

Section 9: Home

Is the deed to your home in your name?	Yes	No	Not Sure
Is your home held in joint tenancy with your spouse?	Yes	No	Not Sure
Do you own more than one home or real estate in another state?	Yes	No	Not Sure

Comments:

Section 10: Assets

Asset	Value
Cash Accounts (checking, saving, CD)	
Vehicles	
Investment Accounts (stocks, bonds, etc.)	
Additional Real Estate	
Retirement Accounts (pension, IRAs)	
Business Interest (LLC, Corp., etc.)	
Personal Property (jewelry, furniture, guns, collections, etc.)	
Other property	
Total	

Section 11: Additional Questions or Concerns
