

AGENTS

EXECUTOR

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

ALTERNATE EXECUTOR

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

GUARDIAN

(if you have minor children)

Note: if there are two parents, usually the first named guardian will be a spouse

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

ALTERNATE GUARDIAN

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

POWER OF ATTORNEY — HEALTHCARE

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

ALTERNATE POWER OF ATTORNEY — HEALTHCARE

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

POWER OF ATTORNEY — DURABLE

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____

ALTERNATE POWER OF ATTORNEY — DURABLE

Name: _____
Address: _____
City: _____
State: _____ Zipcode: _____
Phone: _____
E-mail: _____
Relationship, if not spouse: _____