



Estate Planning Info Sheet

Date: ____/____/____

Email: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____
(Home) (Work) (Cell)

SSN: ____-____-____

DOB: ____/____/____

Spouse Name: _____ SSN: ____-____-____ DOB: ____/____/____

Children's names and dates of birth:

____/____/____

____/____/____

____/____/____

____/____/____

Special bequests or considerations (check all that apply):

☐ All to Spouse

☐ All to Kids

☐ Other (Describe): _____

Guardian for minor children:

Alternate Guardian if #1 unavailable:

(name)

(name)

(address)

(address)

(address)

(address)

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Executor to handle business affairs of estate:

(name)

(address)

(address)

Trustee to handle finances of estate:

(name)

(address)

(address)

Alternate Executor if 1st unavailable:

(name)

(address)

(address)

Alternate Trustee if 1st unavailable:

(name)

(address)

(address)

Living Will/Health Care Proxy (*to make health care decisions for you if you are incapable of doing so.*)

First Proxy:

(name)

(address)

(address)

(phone number)

Alternate if 1st unavailable:

(name)

(address)

(address)

(phone number)

Alternate if 2nd unavailable:

(name)

(phone number)

(address)

(address)

Power of Attorney:

First Designee:

(name)

(address)

Alternate if 1st unavailable:

(name)

(address)

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