

Estate Planning Documents Outline



ACTION - Outline Your Estate Planning Documents

The financial PARTNER Estate Planning Outline allows you to recap your estate planning documents in one central location. By completing the outline, you will learn more about your current estate plan to help you determine if you plans and documents are up to date. As you

become aware of estate planning changes note them on your Things To Do list for further research.



Instructions - Estate Plan Document Outline

- Locate your estate planning documents.
- Complete an outline form for each one of your estate plan documents.You may also want to have your attorney or financial advisor assist you with completing these outlines.
- Next, determine if there are ways to effectively improve your estate plan.
- Log the estate document review on your Financial Planning Calendar and make a note to review your estate plan once a year.
- 5. Place your estate planning documents in your Financial Organizer.
- Store these summaries in your Financial Organizer or forms binder.

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If you would like to learn more about the *financial* PARTNER System go to http://www.thefinancialawarenessfoundation.org

If you would like to learn more about Your Estate & Gift Planning Organizer go to http://www.thefinancialawarenessfoundation.org

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Estate Plan & Gift Plan Documents Outline

WILLS	YOU	
Full Name	First	Last
Date– Will, Drafter's Name		
Address, Phone & Email#		
Executor, Phone & Email		
	#1	
Guardian of the Person		
		#2
Guardian of the Property		
		#2
Trustee, Phone & Email		
	#1	
Distribution Plan		
Charitable Gifts		
TRUST		
Date-Trust, Drafter's Name		
Address, Phone & Email#		
Trustee, Phone & Email	#1	#2
Alternates		
Distribution Plan		
Charitable Gifts		
DURABLE POWER OF ATTORNEY- FINANCIAL MANAGEMENT		
Date-DPAFM, Drafter's Name		
Attorney in Fact		
Alternates	#1	#2
Powers		
ADVANCE HEALTH CARE DIRECTIVE		
Date-AHCD, Drafter's Name		
Attorney in Fact		
Alternates	#1	#2
Powers		





Estate Plan & Gift Plan Documents Outline

WILLS	SPOUSE/PARTNER	
Full Name	First	Last
Date– Will, Drafter's Name		
Address, Phone & Email#		
Executor, Phone & Email		
Alternates	#1	#2
Guardian of the Person		
Alternates	#1	#2
Guardian of the Property		
Alternates	#1	#2
Trustee, Phone & Email		
Alternates	#1	#2
Distribution Plan		
Charitable Gifts		
TRUST		<u> </u>
Date-Trust, Drafter's Name		<u> </u>
Address, Phone & Email#		
Trustee, Phone & Email	#1	#2
Alternates		<u> </u>
Distribution Plan		<u> </u>
Charitable Gifts		
DURABLE POWER OF ATTORNEY- FINANCIAL MANAGEMENT		
Date-DPAFM, Drafter's Name		
Attorney in Fact		
Alternates	#1	#2
Powers		
ADVANCE HEALTH CARE DIRECTIVE		
Date-AHCD, Drafter's Name		
Attorney in Fact		
Alternates	#1	#2
Powers		

