

**WILLS, POWERS OF ATTORNEY
& HEALTH CARE POWERS OF ATTORNEY**

WILLS:

Address: _____

Other Real Property: _____

Your Full Name: _____

Spouse's Full Name: _____

Children's Full Names: _____

Trust Held Until (21, 22...): _____

Guardian's Full Name: _____

Alternate Guardian Full Name: _____

Trustee's Full Name: _____

Alternate Trustee's Full Name: _____

Executor: _____

Alternate Executors Full Name: _____

Specific Bequests: _____

POWER OF ATTORNEY:

Power of Attorney: _____

Alternate Power of Attorney: _____

HEALTH CARE POWER OF ATTORNEY:

Health Care Power of Attorney: _____

Alternate Health Care Power of Attorney: _____