

# ESTATE PLAN

## Important Contacts



This template is designed to help organize and document the important people to contact in the case I am incapacitated, disabled or unavailable.

### MY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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### FAMILY MEMBERS (Spouse, children or family members closest to you)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

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### PERSONS APPOINTED TO ACT OR SHARE INFORMATION ON MY BEHALF

#### Power of Attorney

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

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#### Lawyer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

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#### Financial Advisor or other financial professional

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

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#### Securities Broker/Brokerage Firm

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

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#### Accountant, CPA, Tax Preparer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone

#### Insurance Agent

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address                      City                      Zip

\_\_\_\_\_  
Phone                                      Cell Phone