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:		Ph	one:	_ Cell Phone:	
Street Address:		City:	Zip:		
Email:					
_					
FAMILY MEMBERS (S	spouse, children or fam	nily members	s closest to you)		
Name			Name		
Street Address	City	Zip	Street Address	City	Zip
Phone	none Cell Phone		Phone	Cell Phone	
PERSONS APPOINTE	D TO ACT OR SHARE	INFORMAT	ION ON MY REHALF		
Power of Attorney	D TO NOT ON OTHER	iiti Oliiiiiti	Lawyer		
1 ower of Attorney			Lawyei		
Name			Name		
Street Address	City	Zip	Street Address	City	Zip
Phone	one Cell Phone		Phone	Cell Phone	
_			_		
Financial Advisor or o	ther financial profess	ional	Securities Broker/Bro	korago Firm	
i manetal Advisor of o	ici illianciai profess	ionai	occurries broker, bro	ncruge i iiiii	
Name			Name		
Street Address	City	Zip	Street Address	City	Zip
Phone	Cell Phone		Phone	Cell Phone	
_			_		
Accountant, CPA, Tax Preparer			Insurance Agent		
Name			Name		
Street Address	City	Zip	Street Address	City	Zip
Phone	Cell Phone		Phone	Cell Phone	

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