

*Legacy* Estate Services, Inc.  
**PHOENIX** Legal Services Plan

**I. PERSONAL INFORMATION**

First Name \_\_\_\_\_ Init. \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) (\_\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Married\_\_ Single\_\_ Separated\_\_ Divorced\_\_ Widowed\_\_ Employer \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Init. \_\_\_\_\_ Last Name \_\_\_\_\_

Names of Children (first name, middle initial & last name)

1) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Stepchild? Yes( ) No( ) Sex \_\_\_\_\_

2) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Stepchild? Yes( ) No( ) Sex \_\_\_\_\_

3) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Stepchild? Yes( ) No( ) Sex \_\_\_\_\_

4) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Stepchild? Yes( ) No( ) Sex \_\_\_\_\_

5) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Stepchild? Yes( ) No( ) Sex \_\_\_\_\_

**II. WILL**

Distribution of Property: CHECK ONLY ONE

- ( ) a. Everything to my spouse, then equally to my children or their children if a child predeceases me
- ( ) b. Everything to my spouse, then equally to my children (INCLUDING MY STEPCHILDREN) or their children if a child predeceases me
- ( ) c. Everything to my children or their children if a child predeceases me
- ( ) d. Everything to my spouse, then to \_\_\_\_\_
- ( ) e. Everything to or divided between \_\_\_\_\_
- ( ) f. Pour Over into Living Trust

Specific Bequests, if any: \_\_\_\_\_

Executor \_\_\_\_\_ Alternate \_\_\_\_\_

Guardian(s) \_\_\_\_\_ Alternate \_\_\_\_\_

Do you wish to request the guardian(s) in lieu of the child(ren)'s other natural parent because he/she may be unfit, unable or unwilling to care for the child(ren)? Yes ( ) No( )

Trustee \_\_\_\_\_ Alternate \_\_\_\_\_

Age(s) to distribute Trust for children \_\_\_\_\_

Special Instructions \_\_\_\_\_

**III. DURABLE POWER OF ATTORNEY**

Attorney-in-fact (person who will act on your behalf) \_\_\_\_\_

Alternate \_\_\_\_\_

**IV. HEALTHCARE POWER OF ATTORNEY**

Healthcare Agent \_\_\_\_\_ Alternate \_\_\_\_\_

**V. DOCUMENTS REQUESTED:** Will ( ) Include Children's Trust ( ) Durable Power of Attorney ( ) Healthcare Power of Attorney ( ) Living Will ( ) Living Trust ( ) Life Ins. Trust ( ) Premarital Agreement ( ) " Special Needs" Trust ( )

I am providing the information contained herein for the purpose of having legal documents prepared through the Phoenix Prepaid Legal Services Plan marketed by Legacy Estate Services, Inc., of which I am a current member. I understand that Legacy Estate Services, Inc., its employees, representatives, agents, etc. do not render legal, tax or accounting advice. I have reviewed the information contained herein, including page 2 if applicable, and certify that it is complete and accurate. I acknowledge that I am engaging an independent Plan Attorney for the Phoenix Prepaid Legal Services Plan for the purpose of preparing estate planning documents. I understand that Information I disclose to the attorney in confidence may not be revealed without my prior consent. Because a representative may be delivering and assisting with the execution of any estate planning documents, it is possible that they may encounter information that I provided to the attorney in confidence. If this occurs, then the attorney-client privilege may be waived with respect to the information they come in contact with. By signing below, I indicate that I have no objection to the attorney releasing my estate planning documents to a representative of Phoenix Prepaid Legal Services Plan for delivery to me for the purposes of execution.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Legacy Representative \_\_\_\_\_