

Fiduciary Appointees

Please list the PERSON(S) and BACKUP PERSON(S) who should handle the following in the event of your disability or death:

- Executor/Trustee
- Finances
- Medical decisions
- Guardian of Minor Children

PLEASE USE LEGAL NAMES ONLY AND NOT FAMILIAR NAMES

Name:	
Address:	
Phone:	
Relation:	

**Please use FULL NAMES
(middle initial or middle name)**

**Include "Jr." "III" etc.
No nicknames please.**

**You do NOT need to identify
who will handle each task or
who is the primary person
and who is the secondary
person. We will discuss
those issues.**

Name:	
Address:	
Phone:	
Relation:	

Name:	
Address:	
Phone:	
Relation:	

Name:	
Address:	
Phone:	
Relation:	

Name:	
Address:	
Phone:	
Relation:	