



# DUNHAM LEGAL

137 Johnson Ferry Road, Suite 2135, Marietta, Georgia 30068  
770.628.7330 | info@dunhamlegalgroup.com

**Instructions: Fill in as many of the blanks as you can. We will use this information to prepare your estate planning documents. You will have a chance to review those documents before you sign anything.**

## **Personal Information**

Your Full Name:

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Your Date of Birth:

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County Where You Live:

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Your Spouse's Full Name:

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Your Children's Names:

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## **Last Will and Testament**

*A "residual beneficiary" is a person or entity designated to receive your property if none of your heirs survive you. Often this is a church, charity, or other organization.*

Residual Beneficiary:

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Your Executor:

Name:

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Address:

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Alternate Executor:

Name:

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Address:

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Second Alternate:

Name:

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Address:

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Guardian of Your Children:

Name:

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Address:

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Alternate Guardian:

Name:

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Address:

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**Durable Power of Attorney**

*Your "attorney-in-fact" is the person whom you are designating to have Power of Attorney over you.*

Attorney-in-Fact:

\_\_\_\_\_

Alternate Attorney-in-Fact:

\_\_\_\_\_

Second Alternate:

\_\_\_\_\_

**Advance Directive for Health Care**

*Your "health care agent" is the person whom you are designating to make health care decisions for you in the event you become unable to make them for yourself.*

Health Care Agent:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Alternate Health Care Agent:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Second Alternate:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

*You can designate someone else to make decisions regarding the final disposition of your body, if you do not want your Health Care Agent making those decisions.*

This person will make decisions regarding the final disposition of my body:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ My Health Care Agent

Phone:

\_\_\_\_\_

*You can nominate someone else to be or become your legal guardian, to be appointed by a court if you are found unable to make significant responsible decisions for yourself.*

I nominate the following person to serve as my guardian:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ My Health Care Agent

Phone:

\_\_\_\_\_