

DISTRIBUTION OF YOUR ESTATE

EXECUTORS:

ADULT; TRUSTWORTHY; HANDLE ASSETS YOU OWN, ABLE TO SEEK ASSISTANCE (in other words, not handle everything on his or her own); CHOOSE SUCCESSORS; NOT PREFER CO-EXECUTORS; PREFER SAME PEOPLE IN SAME ORDER FOR HUSBAND AND WIFE; BANK TRUST OFFICE IS LAST SUCCESSOR.

In order of preference, please list the full names, relationships and address of your Executors:

Your spouse first: Yes No

1. Name: _____

 Relationship: _____

 Address: _____

 Telephone: _____

2. Name: _____

 Relationship: _____

 Address: _____

 Telephone: _____

3. Name: _____

 Relationship: _____

 Address: _____

 Telephone: _____

TRUSTEES:

ADULT; TRUSTWORTHY; HANDLE ASSETS YOU OWN; ABLE TO SEEK ASSISTANCE (in other words, not handle everything on his or her own); CHOOSE SUCCESSORS; NOT PREFER CO-TRUSTEES; PREFER SAME PEOPLE IN SAME ORDER FOR HUSBAND AND WIFE; BANK TRUST OFFICE IS LAST SUCCESSOR.

In order of preference, please list the full names, relationships and address of your Trustees:

Same as above: Yes No

1. Name: _____

Relationship: _____

Address: _____

Telephone: _____

2. Name: _____

Relationship: _____

Address: _____

Telephone: _____

3. Name: _____

Relationship: _____

Address: _____

Telephone: _____

ATTORNEY IN FACT, DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT

ADULT; TRUSTWORTHY; HANDLE ASSETS YOU OWN; ABLE TO SEEK ASSISTANCE (in other words, not handle everything on his or her own); CHOOSE SUCCESSORS; NOT PREFER CO-ATTORNEYS IN FACT; PREFER SAME PEOPLE IN SAME ORDER FOR HUSBAND AND WIFE.

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (asset management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____
 Relationship: _____
 Address: _____

 Telephone: _____

2. Name: _____
 Relationship: _____
 Address: _____

 Telephone: _____

3. Name: _____
 Relationship: _____
 Address: _____

 Telephone: _____

GUARDIANS OF MINOR CHILDREN:

ADULT; WOULD RAISE YOUR CHILDREN AS YOU WOULD; RESPONSIBLE FOR RAISING YOUR CHILDREN; CHOOSE WHERE YOUR CHILDREN RESIDE.

In order of preference, please list the full names, relationships, and address of Guardians of any Minor Children:

1. Name: _____

Relationship: _____

Address: _____

Telephone: _____

2. Name: _____

Relationship: _____

Address: _____

Telephone: _____

3. Name: _____

Relationship: _____

Address: _____

Telephone: _____

CARETAKER FOR FURRY, SLIMY AND FEATHERY RELATIVES.

ADULT; PROBABLY CLOSE FRIEND OR RELATIVE, WILLING; KNOWS AND CARES FOR YOUR FS&F; HAS KNOWLEDGE AND RESOURCES TO CARE FOR YOUR FS&F; WOULD RAISE YOUR FS&F AS YOU WOULD; RESPONSIBLE FOR CARING FOR YOUR FS&F; CHOOSE A HOME FOR YOUR FS&F.

In order of preference, please list the full names, relationships, and address of Caretakers:

1. Name: _____
Relationship: _____
Address: _____
Telephone: _____
2. Name: _____
Relationship: _____
Address: _____
Telephone: _____
3. Name: _____
Relationship: _____
Address: _____
Telephone: _____

Do you want to gift money to the Caretaker? Yes No

Should the money be held in trust? Yes No

ALTERNATIVE CARETAKERS FOR FURRY, SLIMY AND FEATHERY RELATIVES.

Some of us have no one to designate as Caretaker, then what? The answer is explore and coordinate organizations. Here are some contacts:

1. CANINE COMPANIONS (2965 Dutton Avenue, Santa Rosa, CA 95402) even if not a golden retriever or lab, may work with you on a case by case basis to find a new home and caretaker for you FS&F. Contact the National Charitable Gift Planning Officer (1-707-577-1789).
2. MARIN Humane Society Guardians for Life Program (171 Bel Marin Keys Blvd., Novato, CA 94949). They collect all the information they possibly can about your pet, so that if you should die they would be able to place your animal in a home best suited to your animal. They accept all legal animals into their program. (415) 883-4621.
3. SONOMA Humane Society (5345 Highway 12 West, Santa Rosa, CA 95407) (707) 542-0882.
4. SOUTHBAY Humane Society (12 Airport Blvd., San Mateo, CA 94401) (650) 340-8200.
5. SAN FRANCISCO SPCA SIDO SERVICE (2500 26th Ave., San Francisco, CA 94116) (415) 490-1744.
6. UC Davis (contact Dr. Rick Timmins) (530) 754-5251.
7. Guide Dogs for the Blind (350 Los Ranchitos Rd., San Rafael, CA 94903) A young Lab retriever, Golden retriever, or German Shepard might find a good home and learn to be a service dog through guide dogs for the blind (415) 499-4000.

AGENT, ADVANCE HEALTH CARE DIRECTIVE

ADULT; KNOW THE CARE YOU PREFER (talk to them); EACH SPOUSE HAS OWN LIST.

In order of preference, please list the full names, relationships and address of your Agents for your General Durable Power of Attorney (health care management if you are incapacitated):

Same as Executors: Yes No

If no, Spouse First: Yes No

1. Name: _____
 Relationship: _____
 Address: _____
 Telephone: _____

2. Name: _____
 Relationship: _____
 Address: _____

Telephone: _____

3. Name: _____
 Relationship: _____
 Address: _____

Telephone: _____

HEALTH/SPECIAL NEEDS

Does either you or your spouse desire to give anatomical gifts? Yes No

If yes, please explain your preferences: _____

Please explain your preferences for cremation or burial; scattering of ashes; services (funeral and memorial):

Husband: _____

Wife: _____

Does either you or your spouse have health concerns? Yes No

If yes, please explain: _____

Do any of your children have special needs you would like to address in your estate plan? Yes No

If yes, please explain: _____

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people?

Yes No

If yes, please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

1. Name: _____

Relationship: _____

Address: _____

Explanation: _____

2. Name: _____

Relationship: _____

Address: _____

Explanation: _____

3. Name: _____

Relationship: _____

Address: _____

Explanation: _____