

CONFIDENTIAL

College Plan Information Report

Date Completed: _____

PLEASE TYPE OR CAREFULLY PRINT

1. CLIENT INFORMATION

Client

Name: _____
(as it appears on driver's license or passport)

Date of Birth: _____

Place of Birth: _____

U. S. Citizen: _____

Residence Address: _____
Street

State

Residence Telephone: () _____

Cell Phone: () _____

e-mail: _____

2. FAMILY INFORMATION

Please list parents, brothers, sisters, grandparents, and others (if relevant). It is only relevant to list these family members if they will be receiving something from your estate or participating in the management of your assets or health care decisions.

FOR CLIENT

Name	Address	Relationship	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. INFORMATION FOR DOCUMENTS

A. I want the following person to handle my financial affairs:

1. _____, if this person cannot act then the next person listed below shall act as my agent for financial decisions:
2. _____

B. I want the following person to act as my health care agent, making all health care decisions for me:

1. _____, if this person cannot act then the next person listed below shall act:
2. _____

I hereby declare that my assets do not exceed \$150,000.00 and therefore a Revocable Living Trust is not necessary.

Dated: _____