

Peace of Mind Workshop

Date:

Time:

Location:

Bring:

- This completed form
- Photo identification
- A blue ink pen
- \$200

Please take some time to thoughtfully complete this form in its entirety *before* the workshop.

1. If I am unable to make decisions about my health care, I trust this person to make decisions on my behalf:

Option 1: Name: _____

Address: _____

Phone: _____

Option 2: Name: _____

Address: _____

Phone: _____

I want these two people to make decisions JOINTLY, meaning neither one can make a decision about my healthcare without the consent of the other person.

YES

NO

2. My primary care physician is:

Name: _____

Address: _____

Phone: _____

3. If I'm in an irreversible coma or vegetative state, I want my doctor to:

"Pull the plug" and let me die naturally

Keep me alive on artificial support

4. I want to donate my organs. YES NO

If I do want to donate my organs,

I give any needed organs, tissues, or parts, OR

I give the following organs, tissues, or parts only:

My organs may be used for the following purposes:

Transplant

Research

Therapy

Education

5. If I am unable to manage my finances, I trust this person to manage my finances for me:

Option 1: Name: _____

Address: _____

Phone: _____

Option 2: Name: _____
 Address: _____

 Phone: _____

I want these two people to make decisions JOINTLY, meaning neither one can make a decision about my healthcare without the consent of the other person.

YES NO

6. Optional: I own a home, and I want to leave my home to (check only one box):

- My spouse
- My children (skip my spouse/partner!)
- Other person: _____
- Equally among several people: _____

7. Optional: I want to leave cash gifts to:

Name of Person or Charity	Amount
	\$
	\$
	\$
	\$
	\$

8. Optional: I want to leave my cars, household, and personal property to (check only one box):

- My spouse
- My children (skip my spouse/partner!)
- Other person: _____
- Equally among several people: _____

9. I want to leave everything (other than any items specified in 5, 6, and 7 above) to:

- My spouse
- My children (skip my spouse/partner!)
- Other person: _____
- Equally among several people: _____

10. I have kids under age 18. If something happens to me and their other natural parent, I want this person to raise my child(ren):

Option 1: Name: _____

Option 2: Name: _____

Option 3: Name: _____

11. If I've chosen to leave anything to someone who is a minor at the time of my death, I want this person to manage the items for the minor (example: if you left your house to your child, and your child is only 13 when you die, this person would manage your home for your child until the child turns the age you designate below):

Option 1: Name: _____

Option 2: Name: _____

Option 3: Name: _____

Age Minor(s) can receive property I want them to have: _____
(You must choose an age between 18-25)

12. I want this person (or bank or trust company) to carry out the terms of my will (must be someone over age 18):

Option 1: Name: _____

Option 2: Name: _____

Option 3: Name: _____

13. I have the following accounts and/or assets:

- Home
- Other Real Estate
- Business
- Investment/Rental Home
- Checking Account(s)
- Savings Account (s)
- Disability Insurance
- Life Insurance
- Safe Deposit Box
- Brokerage Account
- Stocks, Bonds,
- Retirement Accounts
 - IRA, Roth IRA, Rollover IRA
 - 401(k), SEP, SIMPLE, 403(b), 457 plan,
 - Pension/Profit Sharing
 - Deferred Compensation
 - Veterans/Government
 - Employee Stock