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SIMPLE ESTATE PLAN

1. Family and Personal Information

Your Full Name: _____ Date of Birth: _____

Your Spouses Full Name: _____ Date of Birth: _____

Address: _____

Telephone number: _____

Name (s) Children:	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. General Outline of Will

a. Specific Bequests (*gifts*):

Name	Address	Relationship	Gift
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(By Appointment):
5709 Churchland Boulevard, Suite A,
Portsmouth, Virginia 23703
Telephone: 757-745-7711

b. Primary Beneficiary (*person(s) who will receive your estate; usually your spouse*)

Name	Relationship	Bequest

c. Secondary Beneficiary (*person(s) who will receive your estate after your primary beneficiary*)

Name	Relationship	Bequest

d. Executor of Will (*person responsible to carry out the terms of the will*)

Name	Address	Relationship

e. Alternate Executor

Name	Address	Relationship

f. Guardian of Minor Children

Name	Address	Relationship

g. Alternate Guardian

Name	Address	Relationship
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h. Trustee for Trust for minor children

Name	Address	Relationship
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i. Alternate Trustee for Trust for minor children

Name	Address	Relationship
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3. Agent for General Durable Power of Attorney (*person who will have/be named your/spouse's agent/attorney*)

Name

4. Advance Medial Direct and Power of Attorney (*person who will make decisions regarding your medical care*)

Name

a. Alternate for Advance Medial Direct and Power of Attorney

Name
