

Elder Care Estate Planning Application

Name _____ Date _____

Spouse Name _____

Number of Dependents _____ Ages of Dependents _____

Address _____ City/State/Zip _____

Who would you like to select as your Guardian/Personal Representative?

Name _____ Relationship _____

Phone Number _____ Email _____

City of Residency _____

Do you have a Financial Advisor who currently maintains your accounts? Yes No

If no, would you like us to suggest one for you? Yes No

Name of F/A _____

Phone number _____ Email _____

Do you have an Estate/Personal Attorney in place? Yes No

If no, would you like us to suggest one for you? Yes No

Name of Attorney _____

Phone number _____ Email _____

Do you currently have a Last Will and Testament? Yes No

If so, please bring to meeting or send to us electronically

Do you currently have a Living Will? Yes No

If so, please bring to meeting or send to us electronically

Do you have a Durable Power of Attorney in place for you or spouse? Yes No

If so, please bring to the meeting or send to us electronically

Do you currently have a Trust(s) or an Estate in place? Yes No

If so, please bring to the meeting or send to us electronically

Do you currently have Long Term Care Insurance in place? Yes No

If so, please bring to the meeting or send to us electronically

We are going to schedule a group meeting with you, your personal representative, estate attorney, Financial Advisor and CPA. This meeting will be to bring all on the same page to create an estate plan and all related components. Before this, we will have a separate meeting with you to get organized for this meeting and gather information for the meeting. After the meeting, we will work with all parties to design an Elder Plan for you and your personal Representative.



Upload these documents to our portal by calling 253.288.8829,
or email them to Jake Hanes at jhanes@actiontaxteam.com