

Employment

In this section, you'll find information about my current and former employment, whether full-time or part-time, paid or volunteer. For every position I've listed, I've indicated whether or not benefits are available if I become incapacitated or die. (These benefits may be detailed elsewhere in this planner—for example, in the Insurance or Retirement Plans and Pensions sections—but I include them here so they will not be overlooked.)

Current Employment

Please contact my current employers if I become incapacitated or when I die. In addition to collecting any benefits due, if I have worked until the time of my incapacity or death, my agent or executor should ask my employer for any unpaid wages or commissions, expense reimbursements, or bonuses that are due to me or to my estate.

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	

Current Employment, continued

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	

Current Employment, continued

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	

Additional Notes

Previous Employment

Employer's Contact Information	Last Position	Start and End Dates	Ownership Interest	Current Benefits and Location of Documents
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	

Previous Employment, continued

Employer's Contact Information	Last Position	Start and End Dates	Ownership Interest	Current Benefits and Location of Documents
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	
			<input type="checkbox"/> Yes ___%	
			<input type="checkbox"/> No	

Additional Notes

Business Interests

Following is an overview of my current and former business interests. It contains information to help you notify the right people (co-owners, employees, and so on) of my incapacity or death. Over time, this information will also help you manage or sell my business interests.

Current Business Interests

This section provides detailed information about businesses in which I have a current ownership interest.

Name and Location

Business Name and Type of Business	Main Office Address and Telephone	Subsidiaries or Branch Offices

Ownership

Business Owners	Contact Information	Job Title or Position	Ownership Percentage

Ownership, continued

Business Owners	Contact Information	Job Title or Position	Ownership Percentage

Ownership Documents	Location of Documents

Disposition Notes, continued
Title and Location of Documents

Key Employees

This section lists employees who are essential to keeping the business running, or who have special agreements with the business.

Employee Name	Agreement	Location of Documents	Other Information

Assets, continued

Description of Asset	Location of Asset	Access Information	Contact Name and Information	Location of Documents

Liabilities

Description of Liability	Contact Name and Information	Location of Documents

Liabilities, continued

Description of Liability	Contact Name and Information	Location of Documents				
	<table border="1"> <tr><td data-bbox="873 342 1166 407"></td></tr> <tr><td data-bbox="873 407 1166 472"></td></tr> <tr><td data-bbox="873 472 1166 537"></td></tr> <tr><td data-bbox="873 537 1166 600"></td></tr> </table>					
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	<table border="1"> <tr><td data-bbox="873 858 1166 924"></td></tr> <tr><td data-bbox="873 924 1166 989"></td></tr> <tr><td data-bbox="873 989 1166 1054"></td></tr> <tr><td data-bbox="873 1054 1166 1117"></td></tr> </table>					
	<table border="1"> <tr><td data-bbox="873 1117 1166 1182"></td></tr> <tr><td data-bbox="873 1182 1166 1247"></td></tr> <tr><td data-bbox="873 1247 1166 1312"></td></tr> <tr><td data-bbox="873 1312 1166 1375"></td></tr> </table>					
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Contact Information			

Business Name and Type of Business	Main Office Address and Telephone	Ownership and Dissolution Documents	Location of Documents

Contact Information			

Business Name and Type of Business	Main Office Address and Telephone	Ownership and Dissolution Documents	Location of Documents

Service Providers

My current service providers are listed below. This information may help you manage bills and expenses or provide ongoing care for me, my home, or my other property. Over time, you should cancel or modify these service arrangements, as needed.

Health Care Providers

Name and Contact Information	Type of Care and Location

Health Care Directives

In this section, you'll find information about documents I have made to direct my health care if I am incapacitated and unable to speak for myself.

Health Care Agent

In my health care documents, I have named the person listed below to be my health care agent. My agent will supervise my care if I am incapacitated. If he or she is unable to serve, I have named alternates to serve in the order listed.

Health Care Agent	
Alternate 1	
Alternate 2	
Alternate 3	

Health Care Documents

Following is basic information about my health care documents.

If an attorney or other professional helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional's Name, Title, and Contact Information	
Location of Original Document	
Locations of Copies of This Document	
Additional Notes	

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Durable Power of Attorney for Finances

This section contains information about my durable power of attorney for finances.

I have also listed any nondurable powers of attorney for finances I have made. Nondurable powers of attorney are no longer valid if I become incapacitated. Please destroy them.

If an attorney or other professional helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.

Durable Power of Attorney for Finances

The following document is durable, which means it remains effective after I am incapacitated and unable to manage my own affairs. All powers granted under the document terminate upon my death. For information about who has authority to handle my affairs after death, see Section 17, Will and Trust.

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents' Names		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		

Additional Notes	
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Other Financial Powers of Attorney

The following documents are not durable, which means that they are no longer valid if I become incapacitated. If possible, please locate and destroy all copies of these documents to prevent anyone from mistakenly taking action under them.

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents' Names		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents' Names		
Effective Date	<input type="checkbox"/> Immediately <input type="checkbox"/> Upon my incapacity <input type="checkbox"/> Other:	
Professional Help	An attorney or other professional helped me prepare this document:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional's Name, Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		