

WARNING

The information contained in THIS PDF is from the book pictured below.

I have copied the forms that the book has, which I might add, are their copywritten material! AND are not really for the State of Wisconsin: HOWEVER, I Do recommend you BUY this book, read it and fill in the forms to the best of your abilities....and I can not stress this enough

THEN

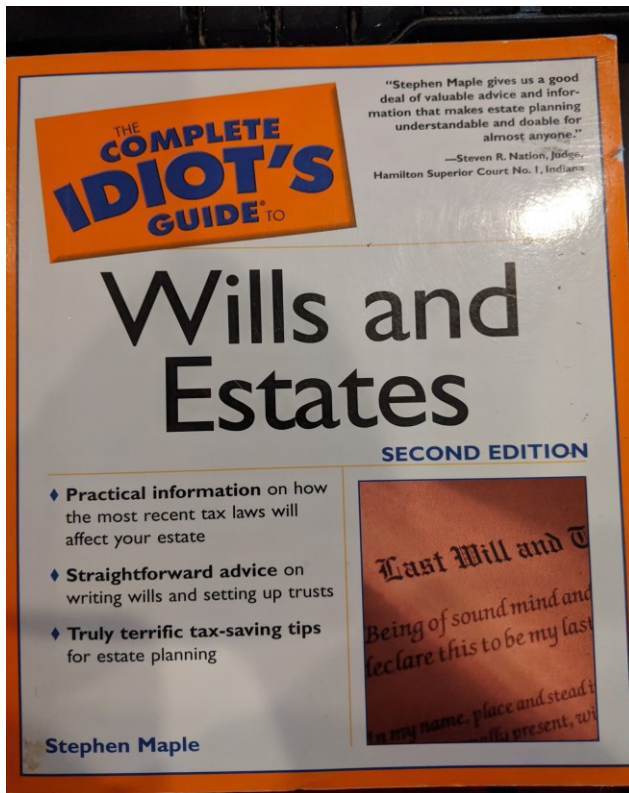
GO TO MY LAWYERS AT NOWLAN LAW AND GET IT DONE CORRECTLY!!!

My site, and your stories and images, are to be around "In-Memory" forever, NOWLAN LAW HAS BEEN AROUND FOR 150 YEARS, THEY ARE GOING TO SEE TO IT YOUR INFORMATION IS AVAILABLE FOR YOUR OFFSPRING QUITE POSSIBLY THOUSANDS OF YEARS FROM NOW!!!!

YOU GET WHAT YOU PAY FOR SO DO IT RIGHT, GATHER THE INFORMATION YOU NEED TO COMPLETE THE FORMS AND MAKE AN APPOINTMENT.

DEEP DOWN, YOU KNOW IT HAS TO BE DONE SO FINALLY DO IT!!!!

PLEASE TRUST ME!!!



2022 – Blank Workbook of the following documents for (Your name here).

- 1 Estate Planning Information Sheet
- 2 Community Property Agreement
- 3 Prenuptial Agreement
- 4 Last Will and Testament
- 5 Will Worksheet
- 6 Self-Proving Provision
- 7 Revocable Trust Agreement
- 8 Notice of Administration
- 9 Codicil to the Last Will and Testament
- 10 Durable Power of Attorney
- 11 Living Will Declaration
- 12 Appointment of Health Care Representative
- 13 Organ Donor Declaration
- 14 Estate Planning Checklist

Estate Planning Information Sheet

(your name here)

Name
Birth
Social Security Number
Name of Spouse
Birth
Social Security Number
Residence Address
Age
Marital Status
Number of Children

Where is this document stored?

Assets

Real Estate (Residence and other land)

Description
Present Value
Purchase Price
Mortgage
How owned

Description
Present Value
Purchase Price
Mortgage
How owned

Business interest

(Sole proprietor, partnership, limited liability company, corporation)
Form of business
Value of interest
Who owns

Form of business
Value of interest
Who owns

Accounts

(bank, brokerage, certificate of deposit)

Type of account
Account name
Value of interest
Who owns

Type of account
Account name
Value of interest
Who owns

Stocks and Bonds

Stock /bond company
Market Value
Cost
Who owns

Stock /bond company
Market Value
Cost
Who owns

Motor Vehicles

Make
Model
Year
Value of interest
Who owns

Make
Model
Year
Value of interest
Who owns

Make
Model
Year
Value of interest
Who owns

Make
Model
Year
Value of interest
Who owns

Miscellaneous personal property

Type of property
Value
Who owns
Type of property
Value
Who owns

Life Insurance

Insurance company
Face value
Cash value
Insured
Owner

Retirement benefits

(401 (K), pension, profit sharing, IRA, Keogh)
Type of plan
Owner
Beneficiary
Value to date

Type of plan
Owner
Beneficiary
Value to date

Other Assets

(include possible inheritance)
Type of asset
Owner
Value
Type of asset
Owner
Value

Total Assets

Liabilities

Type of liability

Amount
Who owes

Type of liability
Amount
Who owes

Total Liabilities

Total Assets Minus Total Liabilities
Equals

Total Net Worth

Community Property Agreement

(your name here)

This Agreement is made and entered into between _____ and _____,
husband and wife, residing at _____.

WHEREAS, husband and wife during the existence of their marriage have acquired and now own property of various kinds.

NOW, THEREFORE, it is hereby mutually understood and agreed between husband and wife, as follows:

- 1 The following is the separate property of the wife under (state) law.
Property name _____
- 2 The following is the separate property of the husband under (state) law.
Property name _____
- 3 That all other property of every kind, nature and description now owned or held of record record title by said husband and wife in their names as joint tenants, or in joint tenancy, or in the individual names of either, at all times herein mentioned has been, now is and shall remain community property of said husband and wife without regard to the form and record of ownership under which the same was acquired or is now held.
- 4 All property that may hereafter be acquired by said husband and wife, during the continuance of their marriage, except that acquired by either of them by gift, bequest, devise, or descent, shall remain the community property of said husband and wife without regard to the form and record of ownership under which the same may be acquired or held.
- 5 This Agreement shall remain in full force and effect until modified or revoked in writing by said husband and wife, and shall be binding upon them, their respective heirs, executors, administrators, and assigns.

IN WITNESS WHEREOF, I have signed this COMMUNITY PROPERTY AGREEMENT
this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

I am competent and at least 18 years of age.

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing
Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

LAST WILL AND TESTAMENT OF

(your name here)

I, (YOUR NAME HERE), OF (YOUR ADDRESS HERE), Janesville, WI XYZAB, being of sound mind and disposing Mind and memory, do make, publish and declare this to be my Last Will and Testament, and I hereby revoke all Wills and Codicils heretofore made by me.

I. Identifications, Definitions, Comments

- A I am not married
I have 3 children
Childs name here
Childs name here
Childs name here
B A beneficiary must survive me by thirty (30) days to be entitled to receive a devise.
C "Issue" is to be construed as lawful lineal descendants, and include adopted persons.
Issues shall receive any devise by representation.

II Debts, Expenses, Encumbrances, Taxes

- A I direct that my enforceable debts, expenses of my last illness, and funeral and administrative expenses of my estate shall be paid by my personal representative from my residuary estate. In his or her discretion, my personal representative may continue to pay any installments obligations incurred by me during my lifetime on an installment basis or my prepay any or all of such obligations in whole or in part, on my personal representative may, in his or her discretion, distribute any asset encumbered by such an obligation subject to the obligation.
B I direct that all inheritance, estate and succession taxes (including interest and penalties thereon) payable by reason of my death shall be paid out of and be charged generally against my residuary estate without reimbursement from any person.

III Specific Devises

I devise all my personal effects and household goods, such as jewelry, clothing, furniture, furnishings silver, books, pictures, motor and recreational vehicles to . If he does not survive me, I devise said property, in equal shares, to . If a child does not survive me, then his or her shard devolves to the deceased child' issue, or if none survives me, then the share devolves, equally, to the surviving children.

IV Residuary Estate

I devise my residuary estate to . If he does not survive me, I devise my residuary estate, in equal shares, to . If a child does not survive me, then his or her share devolves to the deceased child's issue, or if none survive me, then the share devolves, equally, to the surviving children.

V Personal Representative

I hereby appoint as my personal representative. If he cannot serve, I appoint as my personal representative. I authorized unsupervised administration of my estate. I request that the personal representative serve without bond, or if a bond is required, that a minimum bond be required My personal representative shall have all powers enumerated and granted to personal representatives under the Probate Code, and any other power that may be granted by law, to be exercised without the necessity of Court approval, as my personal representative determines to be in the best interest of the estate.

VI Burial Wishes

I wish to be buried / or cremated.
I would like my head stone to state the following: .

VII Miscellaneous

If my spouse and I executed Wills at approximately the same time, this Last Will and Testament is not made pursuant to any contract or agreement with my spouse.

I have signed this Last Will and Testament in the presence of the undersigned witness on this day Of , 2022.

testatrix

The foregoing instrument, consisting of two typewritten pages, this included, was at (city, State), this day of , 2022, signed, sealed, published, and declared by the testatrix to be her Last Will and Testament, in our presence, and we, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as attesting witnesses.

IN WITNESS WHEREOF, I have signed this LAST WILL AND TESTAMENT this day of , 2022.

Name of Principle:
Signature: Date Signed
Printed Name:
Residing at:

I am competent and at least 18 years of age.

Witnesses:
Signature: Date Signed
Printed Name:
Residing at:
Signature: Date Signed
Printed Name:
Residing at:

STATE OF WISCONSIN
COUNTY OF

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this day of , 2022.

Notary Public

My commission expires on :

Will Worksheet

(your name here)

	Assets	How do I own it?	Does anyone inherit automatically?	I'll leave it to:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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42				
43				

Self-Proving Provision

(your name here)

UNDER PENALTIES FOR PERJURY, We, _____ and _____,
the testatrix and the witnesses, respectively, whose names are signed to the foregoing instrument, declare:

- (1) that the testatrix executed the instrument and signified to the witness that the instrument is her will;
- (2) that, in the presence of both witnesses, the testatrix signed this will;
- (3) that the testatrix executed this will as her free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testatrix and of each other, signed the will as witnesses;
- (5) that the testatrix was of sound mind when the will was executed; and
- (6) that to the best knowledge of each of the witnesses, the testatrix was, at the time the will was executed, eighteen (18) or more years of age.

DATE:

_____, 2022
_____, testatrix

IN WITNESS WHEREOF, I have signed this SELF-PROVING PROVISION
this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

I am competent and at least 18 years of age.

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing
Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

Revocable Trust Agreement

(your name here)

This Trust Agreement is made this _____ day of _____, 2022, at _____ between _____, the Creator and _____, also serving as the Original Trustee under the agreement.

The Creator desires to establish a Trust for the purposes outlined in this Agreement, and has enumerated the terms and conditions that the Trustee shall follow in administering the Trust corpus.

Article I

The Creator has delivered to the Trustee the property indicated in Exhibit A attached hereto, receipt of which is acknowledged by the Trustee of the Trust by signing and dating Exhibit A.

That proceeds and any other proceeds that may be received by the Trustee from the Creator as addressee to this Trust shall be held and disposed of by the Trustee in accord with the terms stated in this Agreement. Proceeds other than cash may be added to the Trust and any proceeds added to the trust shall be acknowledged by the Trustee by signing and dating additional exhibits, and any such proceeds added to the trust shall be retitled in the name of the Trustee designating as holder the asset in the capacity as Trustee.

Article II

Creator may, by signed instrument delivered to the Trustee, revoke this Agreement in whole or in part or amend it, but no amendment changing the powers, duties, or compensation of the Trustee shall be effective unless approved in writing by the acting Trustee.

An individual Trustee may resign by giving the Creator written notice thirty (30) days in advance of the effective date of the Trustee's resignation. If there is no Successor Trustee designated, then the personal representative of the estate of _____ shall designate a Successor Trustee.

Article III

During the life of the Creator, the Trustee shall pay all the net income of the trust estate, and such portions of the principal as the Creator may from time to time direct in writing. However, during any period in the Creator's life in which he is deemed mentally and/or physically incapacitated pursuant to a medical statement obtained from the Creator's physician, wherein said physician is of the medical opinion that _____ is unable to handle his financial affairs or make financial decisions, then the Successor Trustee shall proceed with the administration of this trust and shall, in his sole discretion, use so much of the net income and any dividends or all of the principal to maintain the lifestyle of the Creator. Disbursement of such amounts may be made by the Successor Trustee as he deems desirable, including to the Creator, to a qualified local representative of the Creator, to some relative or friend who has care or custody of the Creator, or by the Successor Trustee using such payment directly for the benefit of the Creator. The receipt of any such sums shall release the Trustee from any liability for its expenditures. After the death of the Creator, the Successor Trustee shall continue to administer the trust estate as set out in Article IV and V of the trust Agreement.

Article IV

The Successor Trustee shall continue to hold title to all assets in the trust until appropriate distribution can be lawfully made.

A. In the event that the Creator's probate estate is insufficient to satisfy the deceased Creator's legal debts and obligations, then the Successor Trustee may collect the Creator's bills, debts and expenses incurred as part of the Creator's last illness and may proceed to pay all legitimate debts of the deceased Creator and may process all medical claims prior to the distribution of the residuary trust estate as provided in Article V.

B. The Successor Trustee may prepare or supervise the preparation of all tax returns that are due as a result of the Creator's death. These returns include the federal estate tax return, any state death tax return, the Creator's personal federal and state income tax returns and federal and state fiduciary tax returns that are required as a result of this Trust. After the appropriate tax returns are filed and the taxes paid, then the Successor Trustee shall proceed to distribute the residuary trust estate as outlined in Article V.

Article V

After satisfaction of the Creator's legal debts, obligations, death taxes, personal and fiduciary income taxes, then the Successor Trustee shall distribute the remaining balance held in the Trust as follows:

If the Creator's spouse, _____ ("spouse") survives the Creator, the trustee is directed to pay the net income from the trust estate to her at least annually and to use any portion or all of the principal, necessary to maintain her lifestyle. At the death of the spouse, the Trustee shall distribute the entire trust estate, in equal shares, to _____ and _____ ("children"); however, if one child is not then living, her share shall be distributed to the surviving child, or to her issue if she is not then living. If none of the foregoing survive the spouse, she then Trustee shall distribute the trust estate to the alternate heirs of the Creator who are surviving at the time of the distribution. After the distribution, the trust shall terminate. In the event shall the trust continue in violation of any _____ (State) law limiting the term of its existence.

Article VI

_____ as the Original Trustee and all Successors as trustees under this Agreement shall have all powers enumerated under the _____ (State) Code and any other power that may be granted by law, to be exercised with the necessity of Court approval, as my Trustee, in their sole discretion, determined to be in the best interest of the Beneficiaries. Said powers are to be construed in the broadest possible manner and shall include the following and shall pertain to both principal and income, but shall in no way be limited to thereof:

- A. To retain any proceeds received from the Creator without liability for loss due to lack of diversification or non-productivity.
- B. To invest and reinvest the Trust estate in any kind of real or personal property without regard to any law restricting investment by trustees and without regard to current income.
- C. To sell any Trust property for cash or on credit, at public or private sales; to exchange any Trust property for other property; and to determine the price and terms of sales and exchanges.
- D. To take any action with respect to conserving or realizing upon the value of any Trust property, and with respect to foreclosures, reorganizations, or other changes affecting the Trust property; to collect, pay, compromise, or abandon demands of or against the Trust estate, wherever situated; and to execute contracts, notes, conveyances, and other instruments, including instruments containing covenants and warranties binding upon and creating a charge against the Trust estate.

Article VII

The following provisions govern the administration of this trust as established by the Creator.

- A. Any named Trustee of this Trust is relieved from any requirement as to routine Court accounts that may now or may hereafter be required by the statutes in force in any jurisdiction, although it is not excluded from mandatory judicial account in its accounts. The Trustee shall be required to account on at least an annual basis to the income beneficiary of the trust.
- B. This instrument and the dispositions hereunder shall be construed and regulated and their validity and effect shall be determined by the laws of the State of _____.
- C. Any Trustee shall be entitled to reasonable compensation for services rendered in administering and distributing the trust property which shall be paid in accordance with an hourly rate if the Trustee is an individual. If the Trustee is a corporate fiduciary, it shall be compensated in accordance with its current fee schedule. During the administration of this Trust, the Trustee shall be entitled to reimbursement for that expense.
- D. No person paying money or delivering property to give trustee need see to its proper application by the Trustee.
- E. In the event that _____ dies, resigns, or is unable to serve as Trustee of this Trust, then _____ is nominated to serve as Successor trustee under this Trust Agreement. The Successor Trustee shall automatically assume his position as Successor Trustee upon the signing of an oath without the necessity of any Court order or approval of the same.

IN WITNESS WHEREOF, I, _____, have heretofore signed my name as Creator and as the Original Trustee of this Agreement on the _____ day of _____, 2022. _____, the Creator Trustee

IN WITNESS WHEREOF, I have signed this REVOCABLE TRUST AGREEMENT this _____ day of _____, 2022.

Name of Principal: _____
Signature: _____ Date Signed: _____
Printed Name: _____
Residing at: _____

I am competent and at least 18 years of age.

Witnesses:
Signature: _____ Date Signed: _____
Printed Name: _____
Residing at: _____

Signature: _____ Date Signed: _____
Printed Name: _____
Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____

This personally appeared before me, (Name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on: _____

Revocable Trust Agreement

(your name here)

Exhibit A

NOTICE OF ADMINISTRATION

(your name here)

In the _____ County Superior Court
Probate Division
In the Matter of the Estate of
_____, deceased

Estate Docket
12348

Notice is hereby given that on the _____ day of _____, 2022,
_____ was appointed personal representative to the
estate of _____, deceased, who died on the ____ day of _____
20__.

All persons having claims against this estate, whether or not now due, must file
the claim in the office of the Clerk of this Court within five (5) months from the date
of the first publication of this notice or withing one (1) year after the decedent's death,
whichever is earlier, or the claims will forever be barred.

Date at _____, this ____ day of _____, 2022.

Clerk of the _____ County Superior Court.
Probate Division

IN WITNESS WHEREOF, I have signed this NOTICE OF ADMINISTRATION
this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

I am competent and at least 18 years of age.

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing
Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

CODICIL TO THE LAST WILL AND TESTAMENT OF

(your name here)

I, _____, domiciled in _____, do make, publish and declare this to be the First Codicil to my Last Will and Testament executed by me on the ____ day of _____, 2022, in the presence of _____ and _____ as witnesses.

I hereby remove _____ as personal representative and substitute _____ under Article V of my Last Will and Testament.

IN TESTIMONY WHEREOF, I have subscribed my name to this my First Codicil to my Last Will and Testament consisting of one typewritten page, all in the presence of the persons witnessing it at my request on this ____ day of _____, 2022, at _____.

Testator

The foregoing instrument, consisting of this page, was signed, published and declared by _____ to be his First Codicil to his Last Will and Testament, in our presence. We then at his request and in his presence, and in the presence of each other, signed our names as witnesses to the Codicil this ____ day of _____, 2022.

IN WITNESS WHEREOF, I have signed this CODICIL TO THE LAST WILL AND TESTAMENT this ____ day of _____, 2022.

Name of Principle: _____
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____

I am competent and at least 18 years of age.

Witnesses:
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this ____ day of _____, 2022.

Notary Public

My commission expires on : _____

DURABLE POWER OR ATTORNEY FOR

(your name here)

- 1 (Name of the Principle), hereby appoint (name of the chosen agent) to serve as my Attorney-in-Fact to exercise the powers set forth below. If (name of the chosen agent) is unable or unwilling to serve, then I appoint (name of second-choice agent) as my Attorney-in-Fact.
- 2 (Use only for standby power of attorney; in conjunction with Alternative Clause 4.) THIS POWER OF ATTORNEY SHALL BECOME EFFECTIVE ONLY UPON MY DISABILITY OR INCAPACITY. I HAVE NOT AUTHORIZED MY ATTORNEY-IN-FACT TO UNDERTAKE ANY ACTS UNLESS THE EVENTS DESCRIBED IN CLAUSE R HAVE TAKEN PLACE.
- 3 I authorize my said Attorney-in-Fact to take all actions and perform all acts in my name concerning my affairs as my Attorney-in-Fact may deem advisable or necessary in his (or her) absolute discretion. I give to my Attorney-in-Fact full power to act in the management and disposition of my person and property the authority that I might exercise were I present, including, but not by way of limitation, any or all of the following:
 - a. To manage my affairs, handle my investments, arrange for the investment and disposition of funds, exercise all rights with respect to my investments, establish, use, and terminate brokerage accounts, collect amounts owed or payable to me, endorse checks or other instruments drawn to my order and cash them or deposit them in any account in my name, make withdrawals from my account in my name, open bank accounts in my name, enter my safe deposit box and add to or remove from there any or all contents;
 - b. To exercise all rights to securities and bonds, including the right to buy, sell, transfer, encumber, pledge, and vote and to establish, use, and terminate brokerage accounts;
 - c. To buy, sell, transfer, lease, subdivide, alter, boundaries, mortgage, encumber, pledge, manage improve, and maintain real property, including the power to erect, repair, or demolish buildings;
 - d. To buy, sell, transfer, lease, mortgage, encumber, pledge, manage, improve, maintain, repair, or alter personal property;
 - e. To pay claims, debts, borrow money, and create security interests for the repayment;
 - f. To disclaim any interest in property, renounce fiduciary positions, claims and elective share of the estate of my deceased spouse, make gifts, create trusts, and make additional gifts to trusts;
 - g. To exercise all rights of mine under insurance and annuity policies including the right to change beneficiaries, to borrow, to assign, to change owners, and to surrender the policies;
 - h. To expand and to distribute income or principal for the benefit of my spouse and dependents;
 - i. To file tax returns, including a joint tax return with my spouse;
 - j. To engage and dismiss agents;
 - k. To pay my bills and to pay for all things necessary for my physical care, protection, and well being and for that of my property;
 - l. To authorize my admission to medical, psychiatric, nursing, residential, or similar facilities and supervise and agree to my care, and to authorize or withhold consent to medical and surgical treatment and procedures;
 - m. To consent to, or to withhold consent for, my medical and surgical treatments and procedures, and to authorize, revoke, modify, or change consent to medical and surgical treatments and procedures as my Attorney-in-Fact shall deem appropriate, including the discontinuance of life support systems. In the exercise of this power, my Attorney-in-Fact shall take into consideration that if at any time my attending physician should determine that I have a terminal condition or if I should become permanently unconscious, it is my desire that life-sustaining treatments, to include but not limited to antibiotics, cardiopulmonary resuscitation, artificial ventilation, artificial hydration and nutrition, should be withheld or withdrawn when the application of such procedures would serve only to prolong the process of dying and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary for my comfort or to alleviate pain;
 - n. To designate another person or persons, including a financial institution, to serve as my Attorney-in-Fact in the place of (name of Agent).
- 4 This Power of Attorney shall not be affected by the disability or incapacity.

Alternative Clause 4 (for a standby power of attorney). This Power of Attorney shall become effective only upon my disability or incapacity. My incapacity shall be deemed to exist if I have been declared incompetent by a court of competent jurisdiction or upon a notarized affidavit signed by two licensed physicians stating their opinions that I am mentally or physically incapable of caring for myself and the managing my financial affairs. This Power shall become effective on the date of such a judicial finding of incompetency or on the date of the said notarized affidavit signed by the two licensed physicians.

If the Power of Attorney becomes effective, it shall be suspended if I shall regain capacity. I shall be deemed to have regained capacity if there is a finding to that effect by a court of competent jurisdiction, or upon presentation to my Attorney-in-Fact of a notarized affidavit signed by two licensed physicians that I am capable of caring for myself and managing my financial affairs. This Power shall become effective again if I should subsequently become incapacitated again as provided above.

- 5 I HAVE READ THE PROVISIONS OF THIS POWER WHICH AUTHORIZED MY ATTORNEY-IN-FACT TO REFUSE OR WITHDRAW MEDICAL AND SURGICAL TREATMENT AND PROCEDURES. I UNDERSTAND SUCH PROVISIONS AND THEY EXPRESS MY DESIRES.
- 6 If I should be declared incompetent by court of appropriate jurisdiction and should the court decide to appoint a guardian to care for my person or property, it is my preference that (name of Attorney-in-Fact) be named as my guardian.

IN WITNESS WHEREOF, I have signed this DURABLE POWER OF ATTORNEY this _____ day of _____, 2022.

Name of Principle: _____
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____

I am competent and at least 18 years of age.

Witnesses:
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____
Signature: _____ Date Signed _____
Printed Name: _____
Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on: _____

LIVING WILL DECLARATION

(your name here)

Declaration made this _____ day of _____, 2022. I, _____, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of life prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing this declaration):

I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under (State Statute Cite) or my Attorney-in-Fact with health care powers under (State Statute Cite).

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full importance of this declaration.

IN WITNESS WHEREOF, I have signed this LIVING WILL DECLARATION this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

APPOINTMENT OF HEALTH CARE REPRESENTATIVE FOR

(your name here)

I, _____, name _____, as my representative to act for me in matters affecting my health, in particular to:

- (1) Consent to or refuse health care for me.
- (2) Employ or contract with servants, companions, or health care providers for me.
- (3) Admit or release me from a hospital or health care facility.
- (4) Have access to records, including medical records, concerning my condition.
- (5) Make anatomical gifts on my behalf.
- (6) Request an autopsy.
- (7) Make plans for the disposition of my body

I authorize my representative to make decisions in my best interest concerning the withdrawal or withholding of health care. If at any time, based on my previously expressed preferences and diagnosis and prognosis, my representative is satisfied that certain health care is not or would not be beneficial, or that such health care is or would be excessively burdensome, then the representative may express my will that such health care be withheld or withdrawn and may consent on my behalf that any or all health care be discontinued or not instituted even if death is the result.

My representative must try to discuss this decision with me. However, if I am unable to communicate, my representative may make such a decision for me, after consultation with my physician or physicians and other relevant health care providers. The the extent appropriate, my representative may also discuss this decision with my family and others, to the extent they are available.

_____ has been personally known to me, and I believe Him / her to be of legal age and capable of making decisions regarding his / her health care.

IN WITNESS WHEREOF, I have signed this APPOINTMENT OF HEALTH CARE REPRESENTATIVE this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

I am competent and at least 18 years of age.

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

ORGAN DONOR DECLARATION

(your name here)

This is to inform you that I want to be an organ and tissue donor if the occasion ever arises. Please see that my wishes are carried out by informing and attending medical personnel that I am a donor. My desires are indicated below:

In the hopes that I may help others, I hereby make this gift for the purpose of transplant, medical study, or education, to take effect upon my death. I donate:

() Any needed organs / tissues

() Only the following organs / tissues

Specify the organ (s) / tissue (s):

Limitations or special wishes, if any:

This is a legal document under the Uniform Anatomical Gift Act or similar laws, signed by the donor and the following two witnesses in the presence of each other.

IN WITNESS WHEREOF, I have signed this ORGAN DONOR DECLARATION this _____ day of _____, 2022.

Name of Principle: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

I am competent and at least 18 years of age.

Witnesses:

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

Signature: _____ Date Signed _____

Printed Name: _____

Residing at: _____

STATE OF WISCONSIN
COUNTY OF _____.

This personally appeared before me, (name of principal), who signed and acknowledged the foregoing Power of Attorney to be his (her) free act and deed, on this _____ day of _____, 2022.

Notary Public

My commission expires on : _____

ESTATE DOCUMENT CHECKLIST

(your name here)

You've read, you've pondered. But have you taken any action yet on the suggestion in this book?

Here is a checklist of what you might need to do to complete your own estate plan. Not every item will apply to you, of course. Or at least not just now. (The most important paper is, of course, a will.)

In the third column, under "comments", you can jot down what you need to complete a particular course of action. For example, under "Guardianship for minor children" your comment could be "Talk to Nancy and Tom," Under "Trust", it might be "N/A" for "not applicable."

Estate Plan Ingredient	Accomplished		Comments
	YES	NO	
1 Estate Planning Information Sheet	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Trust	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Life Insurance policy (ies)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Company pension plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 IRA, 401 (k)	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Prenuptial Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Guardianship for minor children	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Trust for children	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Durable power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Living Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Health Care representative	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Organ donor card	<input type="checkbox"/>	<input type="checkbox"/>	_____