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

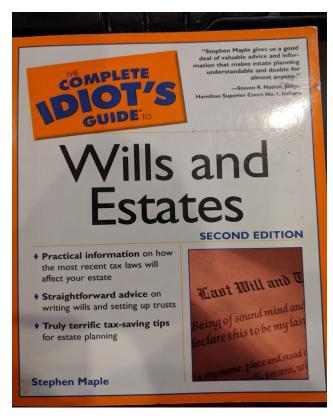
GO TO MY LAWYERS AT NOWLAN LAW AND GET IT DONE CORRECTLY!!!

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

Assets
Real Estate (Residence and other land)
Description
Present Value
Purchase Price
Mutigage
How owned
Description

Description Present Value Purchase Price Mortgage How owned

(Sole proprieto partinership, limited liability company, corporation)
For the proprieto partinership, limited liability company, corporation)
For the proprieto partinership proprieto pro

Form of business Value of interest Who owns

Accounts
(bank brokerage, certificate of deposit)
Type of account and
Account name
Value of interest
Who owns
Type of account
Account name
Value of interest
Who owns

Stocks and Bonds
Stock fond company
Market Value
Cost
Who owns

Motor Vehicles

Make Model Year Value of interest Who owns

Make
Model
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Who owns

Miscellaneous personal property
Value
Value
Who owns

Type of property
Value
Who owns

Who owns

Life Insurance Insurance company Face value Cash value Insured Owner

Retirement benefits
(401 (K), persion, profit sharing, IRA, Keogh)
Type of plan
Owner
Beneficiary
Value to date
Tre-

Type of plan Owner Beneficiary Value to date

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

Liabilities Type of liability

Type of liability Amount Who owes

Total LiabilitiesTotal Assets Minus Total Liabilities
Equals

Total Net Worth

Community Property Agreement

This Agreement is made a husband and wife, residing	and entered into between and g at	l,
WHEREAS, husband and	d 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 husban	d and wife, as follows:
	1 The following is the separate property of the wife under Property name	r (state) law.
	2 The following is the separate property of the husband of Property name	under (state) law.
	3 That all other property of every kind, nature and descri record title by said husband and wife in their names as in the individual names of either, at all times herein me remain community property of said husband and wife verecord of ownership under which the same was acquired.	joint tenants, or in joint tenancy, or entioned has been, now is and shall without regard to the form and
	4 All property that may hereafter be acquired by said hus of their marriage, except that acquired by either of then descent, shall remain the community property of said in the form and record of ownership under which the same	n by gift, bequest, devise, or nusband and wife without regard to
	5 This Agreement shall remain in full force and effect unit by said husband and wife, and shall be binding upon texecutors, administrators, and assigns.	<u> </u>
IN WITNESS WHEREOF thisday of	, I have signed this COMMUNITY PROPERTY AGREEME, 2022.	ENT
Name of Principle:		-
	Signature:	Date Signed
	Printed Name:	-
	Residing at:	_
I am competent and at lea	st 18 years of age.	
Witnesses:		
	Signature:	Date Signed
	Printed Name:	-
	Residing at:	_
	Signature:	Date Signed
	Printed Name:	
	Residing at:	_
STATE OF WISCONSIN COUNTY OF		
	nally appeared before me, (name of principal), who signed ttorney to be his (her) free act and deed, on thisd	
		Notary Public
My commis	ssion expires on :	•
Wiy Oorilling		

Prenuptial Agreement
(your name here)
Their IMPAINET FOR ACMERISMENT Congressions on City of
WITNESSETH THAT:
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respective families or as a neutral of techniques two employments. WHEREAS, the Pastest desire to classify what their respective rights are to be in the property.
THE SELECTION OF PERSON DESCRIPTION OF THE PROPERTY OF THE PRO
WHÉRÉAS, the Pades believe that this Agreement will enhance and encourage a harmonious matter indicately between their part, and, WHÉRÉAS AS THE ART INSTITUTE AND ART IN THE
INVESTIGATION, the Protest trans discussed and discussed from musting data and dissipation, in foreignment of which the "Assistant Storage Section States," and the Storage Section S
NOW, THEREFORE, for the reason stated stated in the Recitals terror and in consideration of the
1 Properly Covered. The property of the Parties as listed in their respective enhibits, and properly offsuriness, tainglate or immorphism, read, and personal, which they have incoherently onlined mentions and all intenders more under an information and an enhancement of their intenders and an information and under which make intenders and an information and under which make intenders and an information and under which make intenders and information and an inform
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acquired, except an elevatives provided themin. Each publy shall have the absolute signiful self, standard, colone, or otherwise dispose of this or har property as the or this select fit. Each standard that attraction if a other inches large people, them may be an inclusive or a
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General Conference and Sept and Conference and Conf
of this Appearant that allow the Plates to maintain their apparais incurses and assets, the florance announces was in a manable stronger contributors or larger for their announces assessed income or assets to become, or appeara to be, committinged. If it is the Plates's intention that such commitmation or conting of assets or the information or larger alternation or that such commitmation or conting of assets or the information or larger alternation or the such commitmation or conting of assets or the information or larger alternation or the such commitmation or conting of assets or the information or larger alternation or the such assets of the such as the such as the such as the such assets of the assets of the such assets of the such as a such as
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6. Adequate Provisions. The Parties heatily agree that the provisions made hearinity each party for the other are fair and equitable under the circumstances.
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(h) The Pades actinowedge and agree trant is difficult to value equity interest, agree to accept the valuation of such interest as set forth in this Agreement, and wake
distinging to the values as a factor frame. The Parties stating pages and constructions for any five Apparents state for fitting the page of the page
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STATE OF Wale Challen COUNTY OF

attorneys, or any other person or entity.	
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Nerwy Public	
My commission expines 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 er	ntitled to receive a devise.
	C "Issue" is to be construed as lawful lineal descendants, at Issues shall receive any devise by representation.	nd include adopted persons.
II	Debts, Expenses, Encumbrances, Taxes	
	A I direct that my enforceable debts, expenses of my last ill expenses of my estate shall be paid by my personal repre-	
	estate. In his or her discretion, my personal representation	
	obligations incurred by me during my lifetime on an installi any or all of such obligations in whole or in part, on my pe	
	his or her discretion, distribute any asset encumbered by	
	obligation.	
	B I direct that all inheritance, estate and succession taxes (i thereon) payable by reason of my death shall be paid out	
	against my residuary estate without reimbursement from	any person.
Ш	Specific Devises I devise all my personal effects and household goods, such as j	ewelry, 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 not survive me, then his or her shard devolves to the deceased	
	survives me, then the share devolves, equally, to the surviving of	
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 of	does not survive me, then his or her
	share devolves to the deceased child's issue, or if none survive equally, to the surviving children.	me, then the share devolves,
V	Personal Representative	
		ntative. If he cannot serve, I appoint unsupervised administration of my estate. I
	request that the personal representative serve without bond, or	
	bond be required My personal representative shall have all pov	
	granted to personal representatives under the Probate Code, a granted by law, to be exercised without the necessity of Court	
	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 til is not made pursuant to any contract or agreement with my spo	
	I have signed this Last Will and Testament in the presence Of, 2022.	or the undersigned witness on this day
	testatrix	
	The foregoing instrument, consisting of two typewritten pages, (city, State), this	this included, was at ay of , 2022, signed, sealed, published, and declared
	by the testatrix to be her Last Will and Testament, in our presen	nce, and we, at her request and in
	her presence and in the presence of each other, have hereunto witnesses.	subscribed our names as attesting
INIAAA	TNESS WHEREOF, I have signed this LAST WILL AND TESTAME	ENIT
this	day of, 2022.	ENI
Nama	of Principle:	
Ivallic	or Filiaple.	
	Signature:	Date Signed
	Printed Name:	
	Residing at:	
I am c	ompetent and at least 18 years of age.	
Witnes	sses:	
	Signature:	Date Signed
	Printed Name:	
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	Signature:	Date Signed
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	Residing at:	
	- of Wilderhold	
	E OF WISCONSIN TY OF .	
		Second and anticonstant of the Control of the Contr
	This personally appeared before me, (name of principal), who s Power of Attorney to be his (her) free act and deed, on this	
	, ,	,
		Notary Public
	My commission expires on :	

Will Worksheet

	Assets	How do I own it?	Does anyone inherit automaticly?	I'll leave it to:
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Self-Proving Provision

UNDER PENA	ALTIES FOR I	PERJURY, We,a	and,
the testatrix an	d the witness	ses, respectively, whose names are signed to the	foregoing instrument, declare:
	(1)	that the testatrix executed the instrument and significant	ignified to the witness that the
	(0)	instrument is her will;	
	(2)	that, in the presence of both witnesses, the test	
	(3)	that the testatrix executed this will as her free ar	nd voluntary act for the purposes
	(4)	expressed in it;	as testatrix and of each other
	(4)	that each of the witnesses, in the presence of the signed the will as witnesses;	ie testatrix and of each other,
	(5)	that the testatrix was of sound mind when the w	vill was executed: and
	(6)	that to the best knowledge of each of the witnes	
	` /	the will was executed, eighteen (18) or more year	
DATE:			
		, testatrix	
IN WITNESS V	WHERFOF I	I have signed this SELF-PROVING PROVISION	
this		=	
	- ,	 ·	
Name of Princi	iple:		
		Circumstance	D-4- C:
		Signature:	Date Signed
		Printed Name:	
		Timed Name.	
		Residing at:	
		-	_
I am competen	nt and at least	t 18 years of age.	
\\/:t=====:			
Witnesses:			
		Signature:	Date Signed
		•	
		Printed Name:	
		Residing at:	
			
		Signature:	Date Signed
		Printed Name:	
		Davidina at.	
		Residing at:	
			
STATE OF WI	ISCONSIN		
COUNTY OF _		·	
		ally appeared before me, (name of principal), who s	
	Power of Atto	orney to be his (her) free act and deed, on this	day of, 2022.
			Notary Public
			read y r abile
	My commissi	ion 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 this 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 administrating the Trust corpus.

Article I

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

That occorby and any other crosostry that may be received by the Trustee from the Cheator as additions to that Trust, shall be held and discoped of the throates in accord with the terms additions to the Trust and the shall be added to the Trustee the scalars and dation additional shall be the trust that the acknowledge by the Trustee by scalars and dation additional whithis, and any such properly added to the trust shall be retified in the name of the Trustee decinitation as helder the asset in the causerbut so Trustee.

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

Article III

Direct he lit for the Chader, the Thusbee shall assy all the red income of the treat exists, and such orders are with control and the Chader new from these to time direct in written. However, and control are control and the Chader is the wheels the descend metals and exhibit exhibits the control and control and article is of the medical control. He has the first the control of the

Article IV

- The Successor Throites shall continue to hold life to all assets in the trust until appropriate distribution.

 A in the centre that the Contact's protate estate is insufficient to attify the decessed class of the contact and the contact a
 - B The Successor Trustee may oresome or supervise the presearation of all tax returns that are due as a result of the Crastin's death. These returns include the footed establish return, any due to the state fiscalism is created as the fiscalism is created that the first of the f

Afficial V. After addition of the Chador's local debts, editabation, death bases, consould and fiduciary become bases, then the Successor Trustees shall debt shall be remission bases, then the Successor Trustees shall debt shall be remission before the first the Successor Trustees. (*spoop*) are review the Chador, the hashes deficied to pay the net from them them between them the real and amounts and to be any professor and additionable shall be retired to the state of the state of

Article VI

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- A To retain any property 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 prices and terms of sales and exchanges.
- D To take any action with respect to conserving or realizing upon the value of any Trust properly, and with respect to foreclosures, recognizations, or other changes affecting properly, and with respect to foreclosures, recognizations, or other changes affecting against the Trust estable, wherever shalled, and to execute contracts, notes, conveyances and other instruments, including instruments containing coverants and we arranties binding upon and consider a foreign caching against the Trust estable.

- to drovisions coviern the administration of the trust as estatedined by the Lebaty.

 A hirr named Trusted or this Trust is threed from any maniferent as to routine Dourt accounting that may now or may hereafter be required by the situates in force in any intradiction, although it is not recredibly from obtaining builds accorated 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 of the Trustee is an individual. If the rustee is a corporate foliciarry, it shall be compensated in accordance with its current fee schedule. During the administration of the Trust the Trustee shall be entitled to reimbursement for that
- 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 normated to serve as Successor trustee under this Trust Arcement. The Successor Trustee shall automatical assume his costion as as Successor Trustee unon the storino of an oath without the necessity of any Court order or accroval of the same.

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

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

Name of Principle:

Printed Name:

ent and at least 18 years of age.

Signature: Printed Name: Printed Name:

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

Revocable Trust Agreement

(your name here)

Exhibit A

NOTICE OF ADMINISTRATION

		unty Superior Court				
Probate Division In the Matter of		of				
	, decea					
Estata Daakat						
Estate Docket	1234	8				
			day of was appointed person			
			eceased, who died on the			
	20					
	All persons h	naving claims against	this estate, whether or	not now due, r	nust file	
			of this Court within five			
			e or withing one (1) yea will forever be barred.	r after the dece	edent's death,	
		camer, or the claims	10.010. 20 2000.			
Date at	, this	sday of	, 2022.			
			_			
			County Superior	Court.		
	Probate Divis	SION				
			TICE OF ADMINISTR	ATION		
this	day of	, 2022.				
Name of Princ	ciple:					
		Cianatura			Data Signad	
		Signature.			Date Signed	
		Printed Name:				
		Residing at:				
I am compete	nt and at leas	t 18 years of age.				
Witnesses:						
		Signature:			Date Signed	
					Date orgined	
		Printed Name:				
		Residing at:				
		Signature:			Date Signed	
		Printed Name:				
		Residing at:				
STATE OF W	/ISCONSIN					
COUNTY OF		·				
	This nersona	ally anneared hefore m	ne, (name of principal),	who signed an	nd acknowledged the fo	regoing
	Power of Atte	orney to be his (her) f	ree act and deed, on th	isday	of, 202	22.
					Notary Public	
	My commiss	sion expires on ·				
	, 0011111100					

CODICLIL TO THE LAST WILL AND TESTAMENT OF

		, do make, publish and declare
	st Codicil to my Last Will and Testament execut ofand	
	as persona	
	under Article V c	
and Testament o	WHEREOF, I have subscribed my name to this consisting of one typewritten page, all in the present request on thisday of, 2022	sence of the persons
		Testator
The foregoing in	strument, consisting of this page, was signed, p _to be his First Co	
presence. We the as witnesses to t	nen at his request and in his presence, and in the Codicil thisday of, 2022	ne presence of each other, signed our names
	HEREOF, I have signed this CODICIL TO THE lay of, 2022.	E LAST WILL AND TESTAMENT
Name of Principl	e:	
	Signature:	Date Signed
	Printed Name:	
	Residing at:	
I am competent a	and at least 18 years of age.	
Witnesses:		
	Signature:	Date Signed
	Printed Name:	
	Residing at:	
	Signature:	Date Signed
	Printed Name:	
	Residing at:	
STATE OF WIS		
_		ncipal), who signed and acknowledged the foregoing
		d, on thisday of, 2022.
		Nekem Dukile
		Notary Public
M	y commission expires on :	

DURABLE POWER OR ATTORNEY FOR

(your name here)

- 1 I, (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 NCAPACITY. IHAVE NOT AUTHORIZED MY ATTORNEY-MACT TO UNDESTRAKE ANY ACTS UNLESS THE EVENTS DESCRIBED IN CLAUSE R HAVE TAKEN PLACE.
- 3 I authorize my said Altorney-in-Fact to take all actions and perform all acts in my name concerning my affairs as my Altorney-in-Fact may deem advisable or necessary in his (or her) absolute discretion lights to my Altorney-in-Fact lib ower to act in the management and eliopesition 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 accourts, collect amounts owed or payable to me, endorse checks or other instruments drawn to my order and cash them or deposit them tarry account in my mane, make withdrawals from my account, in my mane, open bank accounts in my name, enter my safe deposit box and add to or remove from there any or all contents;
 - 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;
 - 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;
 - 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 n 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;
 - 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 b, or to withhold consent for, my medical and surgical breatments and procedures, and to authorize, revoke, modify, or change consent to medical and surgical treatments and procedures as my Automy-in-tract shall deem appropriate, including the discontinuance of life support systems. In the exercise of this power, my Altomy-in-Fact shall take into consideration that if at any time my attending hybrician should determine that these a terminal condition or if I should become permanently urconscious, it is my desire that life-austiaining treatments, to include but not limited to artibiotics, cardiopulmonary resuscitation, artificial entitlation, afficial hydration nouristment, should be withheld or withdrawn when the application of such procedures would serve only to prolong the process of driving and that the permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary for my comflot or to alleviate pair.
 - 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.

Alternate 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 count of competent put inclination or notarized affiliated signed by two licens of physicians stating their copinions that I am mentally or physically incapable of caring for myself and their managing my first-incal affiliats. This Power shall become effective on the date of such a placifiant of I incompetency or on the date of the said notarized affiliatist 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—Fact of a notized adilidant signed by two licensed physicians that I am capable of earning for myself and managing my firancial affairs. This Power shall become effective again if I should absoequently become incapacitated again as provided above.

- 5 I HAVE READ THE PROVISIONS OF THIS POWER WHICH AUTHORIZED MY ATTORNNEY-N-FACT TO REFUSE OR WITHDRAW MEDICAL AND SURGOLA TREATMENT AND PROCEDURES. LINDRESTAND SUCH PROVISIONS AND THEY EXPRESS MY DESIRES.
- 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 thisday of, 2022.	ATTORNEY
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 si Power of Attorney to be his (her) free act and deed, on this	
	Notary Public

My commission expires on :

LIVING WILL DECLARATION

Declaration m	ade thisday of	, 2022. I, eighteen (18) years of age and of
,	villfully and voluntary make known my desires the der the circumstances set forth below, and I decl	at my dying shall not be artificially
or illness; (2) wold serve on be withheld o provision of ar to alleviate pa	my attending physician certifies in writing that: (1 my death will occur within a short time; and (3) t ly to artificially prolong the dying process, I direct withdrawn, and that I be permitted to die naturany medical procedure or medication necessary to in, and, if I have so indicated below, the provision. (Indicate your choice by initialing or making you	he use of life prolonging procedures t that such procedures ally with only the performance or provide me with comfort care or n of artificially supplied nutrition
	I wish to receive artifically supplied nutrition sustain life is futile or excessively burdensor	
	I do not wish to receive artificially supplied n sustain life is futile or excessively burdensor	
	I intentionally make no decision concerning hydration, leaving the decision to my health (State Stature Cite) or my Attorney-in-Fact v (State Stature Cite).	car representative appointed under
	In the absence of my ability to give direction proceedures, it is my intension that this decl and physicain as the final expression of my surgical treatment and accept the conseque	laration be honored by my family legal right to refuse medical or
	I understand the full importance of this declar	aration.
	-	CLARATION thisday of, 2022.
Name of Princ	Signature:	 Date Signed
		<u> </u>
	Printed Name:	
•	Residing at:	
Witnesses:		
	Signature:	
	Printed Name:	
	Residing at:	
	Signature:	Date Signed
	Printed Name:	
	Residing at:	
STATE OF W COUNTY OF	ISCONSIN	
		principal), who signed and acknowledged the foregoing eed, on thisday of, 2022.
		Notary Public
	My commission expires on :	

APPOINTMENT OF HEALTH CARE REPRESENTATIVE FOR

enresentati	ive to act	, name for me in matters affecting my health, in particular	to:				
оргосоптан	(1)	Consent to or refuse health care for me.					
	. ,	Employ or contract with servants, companions, or	health care providers for me.				
	. ,	Admit or release me from a hospital or health care	·				
	(4) Have access to records, including medical records, concerning my condition.						
	(5)	Make anatomical gifts on my behalf.	s, concorning my conducti.				
	. ,	Request an autopsy.					
	. ,	Make plans for the dispostion of my body					
withholding diagnosis are not be bene epresentationsent on state the result.	of health nd progn eficial, or ive may my beha	sentative to make decisions in my best interest con n care. If at any time, based on my previously expre- nosis, my representative is satisfied that certain heal that such health care is or would be excessively but express my will that such health care be withheld or all that any or all health care be discontinued or not sust try to discuss this decision with me. However, it is make such a decision for me, after consultation	essed preferences and Ith care is not or would rdensome, then the r withdrawn and may instituted even if death If I am unable to communicate,				
r physician	ns and otl	her relevant health care providers. The the extent a also discuss this decision with my family and others	appropriate, my				
		. ,	known to me, and I believe				
Him / her to	be of leg	gal age and capable of making decisions regarding	his / her health care.				
nis	day	REOF, I have signed this APPOINTMENT OF HEAD of, 2022.	LTH CARE REPRESENTATIVE				
nis	day	of, 2022.					
nis	day	of, 2022. Signature:	Date Signed				
nis	day	of, 2022.	Date Signed				
nis	day	of, 2022. Signature:	Date Signed				
nis	day o	of, 2022. Signature: Printed Name:	Date Signed				
nis lame of Pri	day o	of, 2022. Signature: Printed Name: Residing at: at least 18 years of age.	Date Signed				
his	day o	of, 2022. Signature: Printed Name: Residing at:	Date Signed				
his	day o	of, 2022. Signature: Printed Name: Residing at: at least 18 years of age.	Date Signed				
nis	day o	Signature: Printed Name: Residing at: at least 18 years of age. Signature:	Date Signed				
nis	day o	of, 2022. Signature: Printed Name: Residing at: at least 18 years of age. Signature: Printed Name:	Date Signed				
nis	day o	Signature: Printed Name: Residing at: at least 18 years of age. Signature: Printed Name: Residing at:	Date Signed				
his	day o	Signature: Printed Name: at least 18 years of age. Signature: Printed Name: Signature: Residing at:	Date Signed				
his	day o	Signature: Printed Name: Residing at: at least 18 years of age. Signature: Printed Name: Residing at:	Date Signed				
am compe Vitnesses:	day of the control of the contro	Signature:	Date Signed				
am compe Vitnesses:	day of the stand of the sta	Signature:	Date Signed Date Signed Date Signed Date Signed who signed and acknowledged the foregoing				
his	day of the stand of the sta	Signature:	Date Signed Date Signed Date Signed Date Signed who signed and acknowledged the foregoing				
his	day of the stand of the sta	Signature:	Date Signed Date Signed Date Signed Date Signed who signed and acknowledged the foregoing				

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 _____, 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: ____ Date Signed _____ Signature: ___ 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.

Accomplished

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