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Legal Contacts

Use this form to record the names of people who have the legal right to act on your behalf

Attorney

Name	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Executor

Name	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Trustee (if different from Executor)

Name of Provider	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Guardian

Name	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Other legal contact

Name	
Relationship	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	