



**LIFEPATH, INC.**  
**CONFIDENTIAL BEQUEST NOTIFICATION FORM**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPOUSE'S NAME** (if applicable): \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

**HOME PHONE:** \_\_\_\_\_ **WORK/ALT PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

MY/OUR WILL AND OTHER ESTATE PLANNING DOCUMENTS, WHICH INCLUDE A PROVISION FOR LIFEPATH, INC., WERE EXECUTED ON: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month, day, year.)

**TYPE OF BEQUEST:**

\_\_\_\_\_ SPECIFIC AMOUNT \_\_\_\_\_ % OF ESTATE \_\_\_\_\_ REMAINDER OF ESTATE

**TO HELP LIFEPATH PLAN FOR THE FUTURE:**

APPROXIMATE AMOUNT OF MY/OUR BEQUEST, BASED ON TODAY'S VALUE: \$ \_\_\_\_\_

PURPOSE/DESIGNATION OF GIFT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY/ADVISOR NAME:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(STREET, CITY, STATE, ZIP)

\_\_\_\_\_ I/WE PREFER THE TERMS OF THIS GIFT TO REMAIN ANONYMOUS.

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_