

[Type here]

LAST WILL AND TESTAMENT INFORMATION SHEET

DATE: _____

GENERAL INFORMATION (PRINT)

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street)

(City, State) (County)

TELEPHONE: _____
(Residence) (Cell)

SOCIAL SECURITY NUMBER: _____

SPOUSE'S NAME: _____

HEIRS AND BENEFICIARIES

CHILDREN:

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

CHILDREN continued

NAME: _____

ADDRESS: _____

[Type here]

BIRTHDATE: _____

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

NAME: _____

ADDRESS: _____

BIRTHDATE: _____

GUARDIAN OF MINOR CHILDREN: (if any)

(1st Choice)

NAME: _____

ADDRESS: _____

(2nd Choice)

NAME: _____

ADDRESS: _____

DO YOU WANT TO SET UP A TRUST FUND FOR YOUR CHILDREN?

YES _____ **NO** _____

AGE OF DISTRIBUTION OF TRUST _____

[Type here]

TRUSTEE(S):

NAME: _____

ADDRESS: _____

SUCCESSOR TRUSTEE(S):

(1st Choice)

NAME: _____

ADDRESS: _____

(2nd Choice)

NAME: _____

ADDRESS: _____

ANY OTHER PERSONS FOR WHOM YOU WISH TO PROVIDE FOR

NAME: _____

RELATIONSHIP _____

PROVISIONS _____

[Type here]

NAME: _____

RELATIONSHIP _____

PROVISIONS _____

AS MY PERSONAL REPRESENTATIVE I NAME:

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

IF ABOVE PERSONAL REPRESENTATIVE SHOULD FAIL TO QUALIFY I NAME:

(1st Choice)

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

(2nd Choice)

[Type here]

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

REAL ESTATE:

The deed to your home is in the name(s) of _____

Do you own other real estate? **YES** _____ **NO** _____

If YES

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

1ST CHOICE TO INHERIT YOU ESTATE:

NAME: _____

RELATIONSHIP _____ PHONE NUMBER: _____

ADDRESS: _____

2ND CHOICE TO INHERIT YOU ESTATE:

NAME: _____

RELATIONSHIP _____ PHONE NUMBER: _____

ADDRESS: _____

[Type here]

POWER OF ATTORNEY FOR FINANCIAL:

(1st Choice)

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

(2nd Choice)

NAME: _____

RELATIONSHIP _____

ADDRESS: _____

PENSION PLANS, 401 (K)'S, IRA'S AND OTHER RETIREMENT ACCOUNTS:

List any retirement plans that allow you to name a beneficiary in the event of your death:

LIFE INSURANCE:

Company: _____

Policy Owner: _____

Beneficiary: _____

Company: _____

[Type here]

Policy Owner: _____

Beneficiary: _____

Company: _____

Policy Owner: _____

Beneficiary: _____

PETS:

Would you like a specific provision in you will for any of your pets?

YES _____ NO _____

If YES, explain provision: _____

DONATIONS(S):

Do you want to make any charitable bequests? YES _____ NO _____

If yes, explain _____

HEALTH CARE POWER OF ATTORNEY:

Do you want a Health Care Power of Attorney? YES _____ NO _____

[Type here]

If yes, (1st Choice) Power of Attorney for Health Care

NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

ADDRESS: _____

(2nd Choice) Power of Attorney for Health Care

NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

ADDRESS: _____

DECLARATION OF A DESIRE FOR A NATURAL DEATH

Do you want a Declaration of a Desire for a Natural Death? YES _____ NO _____

ANY ADDITIONAL INFORMATION/BEQUESTS, ETC.:

