

WILL INFORMATION SHEET

Date: _____

Full Name: _____

Address: _____

Phone: W: _____ H: _____ Cell: _____

Email: _____

Spouse Full Name: _____

Children(s) Full Name: City of Residence (if not with you):

Do you have a Will? (Please circle one): YES NO

If so, how old is it? _____

Executor Name:

City of Residence:

Alternate:

City of Residence:

Guardian for Minor Children:

City of Residence:

Alternate:

City of Residence:

Do you need a Trust for minor children? (Please circle one): YES NO

If so, at what adult age would your children receive their inheritance?:

Total Estimated Value of your estate:

How do you want your estate distributed?:

Do you have an opinion about cremation? (Please circle one): FOR AGAINST

Other Possible Documents:

Do you have or need a Directive to

Physicians?: _____

Do you have or need a Power of Attorney for

healthcare?: _____

Do you have or need a Statutory Durable Power of

Attorney?: _____

Do you have or need a Choice of Guardian in case of need for an

adult?: _____

Please state your other concerns, if any:
