

WILL INFORMATION SHEET

Name: _____
First Middle Last

Address: _____
Street Address City State Zip County

Phone Number: Home: _____ Work: _____

Email/Fax: _____ Other: _____

Social Security Number: _____ Date of Birth: _____

Are you Married? Yes No Name of Spouse _____

Do you have children? Yes No Are any of your children or beneficiaries under the age of 18 Yes No

Burial Provisions: Bury Cremate other explain: _____

Executor/Executrix: _____
Full Name Address - street, City, State & Zip Relationship

Alternate: _____
Full Name Address - street, City, State & Zip Relationship

Do you need a Trust Provision for Children or others? Yes No

What age do you want Beneficiary to get Trust funds _____

Trustee(s): _____
Full Name Address - street, City, State & Zip Relationship

Alternate: _____
Full Name Address - street, City, State & Zip Relationship

Do you need a Guardian Provision for Minor Children or others? Yes No

Guardian(s): _____
Full Name Address - street, City, State & Zip Relationship

Alternate: _____
Full Name Address - street, City, State & Zip Relationship

Beneficiaries: _____
 List Full Name, Full Address & Relationship

Specific Bequests, if any _____
