

Information Sheet - Will Package

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

_____ County: _____

Phone Number: (Home) _____ (Cell) _____

Will

EXECUTOR:

Who do you want to be in charge of your estate? _____
(Must be over 18 years old, and someone you trust)

Is that person related to you? **Y / N** If so, what is the relationship?

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

ALTERNATE EXECUTOR:

If that person is not available, who would be your second choice?

(Must be over 18 years old, and someone you trust)

Is that person related to you? **Y / N** If so, what is the relationship?

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

Your Family

What is your marital status? **Married / Single (never married) / Widowed / Divorced**

Do you have children? **Y / N** If so, give the following information for each:

Name:

Age:

Other Parent:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Property

Describe, in general terms, the nature and extent of your property, including Real Estate, Automobiles, Bank Accounts, Investments, Collections, Antiques, Art, Jewelry, etc.

DISPOSITION OF ESTATE:

How do you want your property to be distributed? _____

What should happen to your minor child(ren)? _____

Medical Power of Attorney

Who do you want to make medical decisions for you, if you cannot make them yourself?
(Must be over 18 years, and someone you trust for these types of decisions)

Is that person related to you? **Y / N** If so, what is the relationship? _____

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

ALTERNATE:

If that person is not available, who would be your second choice?

(Must be over 18 years, and someone you trust for these types of decision)

Is that person related to you? **Y / N** If so, what is the relationship? _____

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

Statutory Durable Power of Attorney

Who do you want to put in charge of your property, if you cannot handle it yourself?

(Must be over 18 years, and someone you trust for these types of decision)

Is that person related to you? **Y / N** If so, what is the relationship? _____

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

ALTERNATE:

If that person is not available, who would be your second choice?

(Must be over 18 years, and someone you trust for these types of decisions)

Is that person related to you? **Y / N** If so, what is the relationship? _____

Where does that person live? ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____

PHONE: _____

Other Information - dates of marriage, divorce, special instructions, etc.:

