

Will Information Packet

Personal Information

Your name: _____

Date of Birth: _____

Address: _____

County: _____

Spouse's name: _____

Your children from *current* marriage:

1st Child Full Name: _____

Male Female

Date of Birth: _____

2nd Child Full Name: _____

Male Female

Date of Birth: _____

3rd Child Full Name: _____

Male Female

Date of Birth: _____

4th Child Full Name: _____

Male Female

Date of Birth: _____

5th Child Full Name: _____

Male Female

Date of Birth: _____

If your spouse has children from a previous marriage (your step-children) do you wish to treat them as your own for purposes of this will? _____ If so, please list those children here:

1st Child Full Name: _____

Male Female

Date of Birth: _____

2nd Child Full Name: _____
Male Female
Date of Birth: _____

3rd Child Full Name: _____
Male Female
Date of Birth: _____

4th Child Full Name: _____
Male Female
Date of Birth: _____

5th Child Full Name: _____
Male Female
Date of Birth: _____

Your children from any *previous* marriage or relationship you may have had:

1st Child Full Name: _____
Male Female
Date of Birth: _____

2nd Child Full Name: _____
Male Female
Date of Birth: _____

3rd Child Full Name: _____
Male Female
Date of Birth: _____

- If you have other children from more than one previous marriage/relationship please include that information in an email or notify this office when you submit the form.
- Names of *any* children who may have predeceased you:
- Do you wish to include any *after born* children as beneficiaries (i.e. any children born after the will has been executed)?
Yes No
- Names of any children who you may wish to *exclude* as a beneficiary:

Executor = person you wish to handle your estate and make sure the Will is probated and adhered to.

Executor Information: If the 1st executor predeceases you, fails to qualify, or refuses then 2nd executor will be appointed.

1st Executor Full Name: _____

Relationship: _____

Alternate Executor Full Name: _____

Relationship _____

Guardian = person that children will live with in the event you and your spouse are no longer living.

Guardian Information: If you have any minor children, indicate whom you would want to be guardian if there is a need for a guardian. (if a couple – names of both guardians)

Name: _____

Relationship: _____

Alternate Guardian Name: _____

Relationship: _____

Trustee = Person in charge of children's belongings/finances if children were left property or money.

Trustee Information: If you have any minor children, indicate whom you wish to appoint as trustee of the minor children's property if there is a need for a guardian.

Name: _____

Relationship: _____

Alternate Trustee (if any)

Name: _____

Relationship: _____

- If a trustee is named for your minor children at what age would you wish the child to become responsible for their affairs as they relate to the estate? (i.e. 18, 21, 25, 30, etc.)
_____ years of age.
- Do you have any children with special needs that should be provided for by a trustee?

Name: _____

Date of birth: _____

Please write yes or no if any of the following pertain to you:

_____ Have funeral, burial or cremation arrangements been made? If so, briefly describe the arrangements and if to be buried, where:

_____ Do you wish to provide a no-contest clause? (No Contest means anyone listed in the Will cannot sue others listed - except for improper handling.)

- In the event that your spouse predeceases you and you have no living children, to whom do you wish your property to be distributed?

Your heirs (mother, father, siblings, etc.)

Your spouse's heirs

Half to your heirs and half to your spouse's heirs

- Do either you or your spouse have another name by which you sometimes go by? If so, state the name: _____

Do you wish to leave your entire estate to someone other than your spouse?

If so, to whom? Include full name and address unless described above.

Name: _____

Relationship: _____

Address: _____

Are there any specific monetary bequests?

If so, how much and to whom?

Is the amount indicated to be free and clear of expenses and taxes (paid by your estate) or should that person pay some portion of taxes and expenses?

Name: _____

Relationship: _____

Amount: \$ _____

Name: _____

Relationship: _____

Amount: \$ _____

Name: _____

Relationship: _____

Amount: \$ _____

Are there any specific bequests of personal or real property?

Name: _____

Relationship: _____

Bequest:

Name: _____

Relationship: _____

Bequest:

(please email or notify this office if additional persons are to be named)

Do you wish to make a monetary bequest to a charity or other organization? (if so, state the name, address, and the amount of the bequest).

Name of group: _____

Address: _____

Amount of bequest: \$_____

(please email or notify this office if additional persons are to be named)

In the event that the persons to whom you have left special bequests (either monetary or property) should predecease you, would you wish for the gift to:

lapse *or* for it to be made to their descendants and/or heirs?

Do you have any additional special requests you would like to include in the will?

POWER OF ATTORNEY

Designee - Name of person you are giving POA rights to:

Designee's Address:

Relationship: _____

Phone Number: _____

Name of Alternate Designee:

Address:

Relationship: _____

Phone Number: _____

Do you wish this Power of Attorney to become effective:
immediately
or
upon disability?

MEDICAL POWER OF ATTORNEY

Name of Designee:

Designee's Address:

Relationship: _____

Phone Number: _____

Alternate Designee:

Address:

Relationship: _____

Phone Number: _____