

WILL INFORMATION WORKSHEET

PART 1: PERSONAL DATA

Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: _____ Zip: _____ Home #: _____
Work #: _____
E-mail: _____ Cell #: _____

Spouse's Name: _____ DOB: _____
Street Address: _____ SS#: _____
City: _____ State: _____ Zip: _____ Home #: _____
Work #: _____
E-mail: _____ Cell #: _____

CHILDREN'S INFORMATION:

Name	Living?	Age	Birthdate	Married?	City/State of Residence
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent if not your present spouse. _____

OTHER DEPENDENTS, IF ANY:

Name: _____ Age: _____ Residence: _____

Do you have Grandchildren Yes/No

Please provide the following information regarding any former marriages:

- _____ Outright
- _____ In Trust until reach age _____, then outright
- _____ In Trust with distributions at various ages and amounts
 - _____ percent at age _____
 - _____ percent at age _____
 - _____ percent at age _____
 - _____ remaining share at age _____

If your grandchildren are beneficiaries of your property, do you want the property to be distributed to your grandchildren outright or in trust until a certain age?

- _____ Outright
- _____ In Trust until reach age _____, then outright
- _____ In Trust with distributions at various ages and amounts
 - _____ percent at age _____
 - _____ percent at age _____
 - _____ percent at age _____
 - _____ remaining share at age _____

PART III - YOUR DESIGNEES

EXECUTOR (i.e., the person who will be responsible for probating your will, filing the estate tax return, if necessary, and distributing assets to the beneficiaries)

- Name of Executor: _____
- 1st Alternate Executor: _____
- 2nd Alternate Executor: _____
- 3rd Alternate Executor: _____

TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)

- Name of Trustee: _____
- 1st Alternate Trustee: _____
- 2nd Alternate Trustee: _____
- 3rd Alternate Trustee: _____

GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of your minor children should both parents die)

- Name of Guardian: _____
- 1st Alternate Guardian: _____
- 2nd Alternate Guardian: _____
- 3rd Alternate Guardian: _____

POWER OF ATTORNEY (i.e., the person who will be responsible for handling your financial affairs in the event you become incapacitated)

Name of Person to hold Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Person to hold Power of Attorney: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

HEALTH CARE AGENT (i.e., the person who will make medical decisions for you in the event you are unable to make them for yourself.)

Name of Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

Alternate Health Care Surrogate: _____
Address: _____
Hm Phone No.: _____ Wk Phone No.: _____

DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW, IF AVAILABLE

- _____ 1. Prior and present Wills, and any codicils
- _____ 2. Trust instruments in which client is grantor, trustee, or beneficiary
- _____ 3. Life and health insurance policies and annuities or a summary of these items and their current owner and beneficiary provisions
- _____ 4. A summary of Pension and profit-sharing plans
- _____ 5. Prenuptial, postnuptial, or separation agreements
- _____ 6. Judgments of dissolution of marriage
- _____ 7. Court orders or agreements under which client is obligated to provide support
- _____ 8. Wills of other family members, if pertinent
- _____ 9. Powers of attorney
- _____ 10. Living will and designation of health care surrogate.