

WILL INFORMATION WORKSHEET

NAME _____ AGE _____

SS# _____ DOB _____

NAME(spouse) _____ AGE _____

SS# _____

CHILDREN _____ AGE _____

_____ AGE _____

_____ AGE _____

HOME ADDRESS _____

CITY _____ PHONE # (____) _____

*TYPE OF WILL: (Circle one)

SIMPLE OR CONTINGENT TRUST TAX WISE OR WAIT-AND-SEE

I. EXECUTOR - Spouse, institution (bank, etc.), co-executor (spouse & bank)
(List primary plus one alternate)

Primary

Primary

Alternate

Alternate

Address

Address

II. GUARDIANS - (List primary plus one alternate)

Primary

Relationship

Alternate

Relationship

*A trust for managing & investing money for children in the event of both parent's death (contingent trust); a trust for maximizing the unified credit and saving taxes.

III. TRUSTEE - Bank or individual or both (List primary plus one alternate unless primary is bank)

Primary

Alternate

IV. AGE OF DISTRIBUTION - (List as each or youngest reaches designated age.)(Circle)

V. ULTIMATE DISTRIBUTION -

Primary

Contingent

VI. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Primary

Primary

Address

Address

Phone #

Phone #

Alternate

Alternate

Address

Address

Phone #

Phone #

VII. GENERAL POWER OF ATTORNEY - Please circle

YES

NO

VIII. LIVING WILL DOCUMENT - Please circle

YES

NO

VIII. SPECIAL CONSIDERATIONS -