

WILL DATA SHEET

1. NAME _____

First

Middle

Last

2. ADDRESS _____

Street

City

County

State

ZIP

3. NAME OF SPOUSE _____

First

Middle

Last

4. EXECUTOR - Manager of your estate

a. Surviving Spouse _____

Name

Address

b. Second Choice _____

Name

Address

5. CHILDREN - Give full legal names and birthdates

a. _____

Name

Address

Birthdate

b. _____

Name

Address

Birthdate

c. _____

Name

Address

Birthdate

d. _____

Name

Address

Birthdate

6. REAL PROPERTY - Address and legal description if known.

7. PERSONAL PROPERTY - Who gets what

Name any specific property to be left to specific individuals

8. OTHER THAN ANY SPECIFIC BEQUEST, (see no. 7), to whom do you wish the balance of your estate to go? (eg: to my wife, to be divided equally between my brother and sister)

9. IF THE PERSON named in No. 8 predeceases you, to whom do you

wish the balance of your estate to go? (eg: if she should predecease me,
I wish the remainder of my estate be divided equally among my children;
If my brother and sister predeceases me, to my heirs)

10. GUARDIAN FOR MINOR CHILDREN -

First Choice _____

Name

Address

Second Choice _____

Name

Address

11. TRUSTEE FOR CHILDREN [Who will be in charge of money\$\$ for
Children until children get the balance, at what age would you want
children to get balance of trust (eg: 21, 25)]

First Choice _____

Name

Address

Second Choice _____

Name

Address

Age for children to get balance of trust: _____

12. DOES ANY ONE CHILD have special needs based on medical
problems, educational needs, etc.? If so, please explain.

ADDITIONAL INFORMATION/SPECIAL CONCERNS