



LAST WILL & TESTAMENT INFORMATION SHEET

Date: _____

Attorney: _____

Client Identification Information

Name: _____

Address (including county of residence): _____

Heir(s) Identification Information (attach continuation sheet if necessary)

Name: _____

Address (including county of residence): _____

Relationship to Testator: _____

Name: _____

Address (including county of residence): _____

Relationship to Testator: _____

Name: _____

Address (including county of residence): _____

Relationship to Testator: _____

Specific Bequests: Yes _____ No _____

If 'Yes,' describe each item and to whom it is being bequeathed:

Residual Estate

Beneficiaries: _____

Is this beneficiary your spouse? Yes _____ No _____

Contingent Beneficiaries: _____

Are these beneficiaries your children? Yes _____ No _____

Executorship

Independent Executor: _____

First Alternate Executor: _____

Second Alternate Executor: _____

Guardianship for Minor Children

Guardian of Estate and Property: _____

First Alternate Guardian: _____

Second Alternate Guardian: _____

Trust Provisions for Minor Children

Trustee: _____

Alternate Trustee(s): _____

Age at which minor children receive their share of the trust: _____