

CLIENT INFORMATION SHEET - WILL

DATE: _____

CLIENT:

Full Name (s): _____

Address: _____

Telephone Numbers: (work) _____

(home) _____

(cell) _____

If you wish to receive correspondence from this office at a different address, please indicate below.

Mailing address: _____

INFORMATION FOR WILL

Your Full Name: _____

Social Security No.: _____

FAMILY INFORMATION

Please list below the full names of **all** children (including married names of daughters, the cities where each reside (if not at home) and their social security numbers.

<u>Name</u>	<u>City</u>	<u>Social Security No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE FOLLOWING WILL BE COMPLETED BY THE ATTORNEY.

FIDUCIARIES

1. Executor: _____
Full Name/City and State of Residence/Relationship to Client

Substitute Executor: _____
Full Name/City and State of Residence/Relationship to Client
2. Guardian: _____
Full Name/City and State of Residence/Relationship to Client

Substitute Guardian: _____
Full Name/City and State of Residence/Relationship to Client
3. Trustee: _____
Full Name/City and State of Residence/Relationship to Client

Substitute Trustee: _____
Full Name/City and State of Residence/Relationship to Client

WILL PROVISIONS

1. Specific Bequests:

Gift

Beneficiary

2. Residuary Estate:

Primary Beneficiaries:

Secondary Beneficiaries:

3. Contigent Trust:

Target Age for termination: _____

MISCELLANEOUS PROVISIONS:

Completed by: _____

Date: _____