

**WILL INFORMATION SHEET**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Social Security No.: XXX-XX- \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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Legal Services Plan: \_\_\_\_\_

Member/Authorization No.: \_\_\_\_\_

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Please give the full name of the person you wish to serve as executor/executrix of your will: \_\_\_\_\_

In the event that this person is unwilling or unable to serve, please name an alternative executor/executrix: \_\_\_\_\_

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Do you have any children under the age of 18? If so, please name the individual(s) with whom you wish to leave the care, custody and control of your minor children should you predecease the children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any children under the age of 23, but are 18 or older? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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How many times have you been married: \_\_\_\_\_

Current spouse's full name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Your children from this marriage:

<b>Full Name</b>	<b>Date of Birth</b>	<b>Age</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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Previous spouse's full name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Widowed? ( ) Date of former spouse passed away: \_\_\_\_\_

Your children from that marriage:

<b>Full Name</b>	<b>Date of Birth</b>	<b>Age</b>
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_____	_____	_____
_____	_____	_____

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Previous spouse's full name: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Widowed? ( ) Date of former spouse passed away: \_\_\_\_\_

Your children from that marriage:

<b>Full Name</b>	<b>Date of Birth</b>	<b>Age</b>
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**SPECIAL BEQUESTS:**

Please name the person or persons to whom you wish your property to go to and what portions to each:

<b>Full Name</b>	<b>Relationship to You</b>	<b>Property</b>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

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**TRUST:**

If a trust is set up please give the full name of the person you wish to serve as trustee:

\_\_\_\_\_

In the event that this person is unwilling or unable to serve, please name an alternative trustee: \_\_\_\_\_

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**MISC. INFORMATION:**

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