

WILL INFORMATION SHEET

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip)

Phone Number: _____

(If married, or applicable, please fill out the "Spouse" portion below)

Spouse: _____
(First) (Middle) (Last)

Phone Number: _____

(If you have children, please fill out correctly below)

Child 1: _____
(First) (Middle) (Last)

AGE: _____

Child 2: _____
(First) (Middle) (Last)

AGE: _____

Child 3: _____
(First) (Middle) (Last)

AGE: _____

Child 4: _____
(First) (Middle) (Last)

AGE: _____

Check here if you and your spouse will serve as each other's Executor of Estate.

(For the "Executor" portion, please choose two people. The "Executor" as your first choice, the "Alternate Executor" as your second choice. The "Executor" can be your spouse.)

Executor: _____
(First) (Middle) (Last)

Alternate Executor: _____
(First) (Middle) (Last)

(For the "Guardian" portion, please choose **TWO** people **OTHER** than your spouse, or yourself.)

Guardian: _____
(First) (Middle) (Last)

Alternate Guardian: _____
(First) (Middle) (Last)

(For the "Trustee" portion, please choose TWO people OTHER than your spouse, or yourself.)

Trustee: _____
(First) (Middle) (Last)

Alternate Trustee: _____
(First) (Middle) (Last)

**At what age do you want your minor child(ren) to inherit the trust created for them?
(after their 18th birthday)**

MEDICAL POWER OF ATTORNEY

(For this portion, please choose two people. You can choose your spouse, and one other person as an **“Alternate”**.)

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip)

Phone Number: _____ **Other Phone Number:** _____

ALTERNATE

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (Zip)

Phone Number: _____ **Other Phone Number:** _____

STATUTORY DURABLE POWER OF ATTORNEY

(For this portion, please choose two people. You can choose your spouse, and one other person as an **“Alternate”**.)

Name: _____
(First) (Middle) (Last)

Alternate: _____
(First) (Middle) (Last)