

# **TESTATOR/TRIX INFORMATION FOR WILL PREPARATION**

## **TESTATOR/TRIX INFORMATION**

**1000** - Comp Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **SPOUSE'S INFORMATION**

**2000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.O.B: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **CHILDREN'S INFORMATION**

**3000** - Complete Legal Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / Age: \_\_\_\_\_

**3100** - Complete Legal Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / Age: \_\_\_\_\_

**3200** - Complete Legal Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / Age: \_\_\_\_\_

**3300** - Complete Legal Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / Age: \_\_\_\_\_

## **ALTERNATE INDEPENDENT EXECUTOR/TRIX INFORMATION**

(Note that your spouse will serve as the primary Independent Executor/Executrix)

**4000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## **WHO IS GOING TO INHERIT YOUR ESTATE?**

(Beneficiaries)

Please explain to whom and how you wish your estate to be divided: (e.g. if spouse survives me, entire estate to her, otherwise, to children in equal shares)

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**STATUTORY DURABLE POWER OF ATTORNEY (POA) DOCUMENT**  
**INFORMATION**

**Document whereby you are appointing an individual/agent to handle all financial/legal affairs on your behalf if you become incapacitated.**

**Who do you want to appoint as your agent to handle all financial/legal affairs on your behalf if you become incapacitated?**

**9000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Who do you want to appoint as your alternative agent to handle all financial/legal affairs on your behalf if you become incapacitated?**

**9001** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY (POA) FOR HEALTH CARE INFORMATION**

**The Durable Power of Attorney for Healthcare is a legal document that allows an individual (you) to appoint another person (agent) to make medical decisions on your behalf if you become unable to do so.**

**Who do you want to appoint as your agent to make any and all health care decisions for you, should you become incapacitated?**

\_\_\_\_\_ **Check this box if using the same agent and alternates appointed for Statutory Durable POA.**

**10000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Who do you want to appoint as your alternative agent to make any and all health care decisions for you, should you become incapacitated?**

**10001** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

## SPOUSES INFORMATION FOR WILL PREPARATION

### ALTERNATE INDEPENDENT EXECUTOR/TRIX INFORMATION

**(Note that your spouse will serve as the primary Independent Executor/Executrix)**

**11000 - Complete Legal Name:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **WHO IS GOING TO INHERIT YOUR ESTATE?**

**(Beneficiaries)**

Please explain to whom and how you wish your estate to be divided: (e.g. if spouse survives me, entire estate to her, otherwise, to children in equal shares)

[illegible]

**STATUTORY DURABLE POWER OF ATTORNEY (POA) DOCUMENT**  
**INFORMATION**

**Document whereby you are appointing an individual/agent to handle all financial/legal affairs on your behalf if you become incapacitated.**

**Who do you want to appoint as your agent to handle all financial/legal affairs on your behalf if you become incapacitated?**

**9000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Who do you want to appoint as your alternative agent to handle all financial/legal affairs on your behalf if you become incapacitated?**

**9001** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY (POA) FOR HEALTH CARE INFORMATION**

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\_\_\_\_\_ **Check this box if using the same agent and alternates appointed for Statutory Durable POA.**

**10000** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Who do you want to appoint as your alternative agent to make any and all health care decisions for you, should you become incapacitated?**

**10001** - Complete Legal Name: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship: \_\_\_\_\_