

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)

GUARDIAN INFORMATION

Who do you want to appoint as guardians of the child(ren)?

5000 - Complete Legal Name: _____ Cell No.: _____

Physical Address: _____ City: _____ County: _____

State: _____ Zip: _____ Relationship: _____

Who do you want to appoint as alternate guardians of the child(ren)?

6000 - Complete Legal Name: _____ Cell No.: _____

Physical Address: _____ City: _____ County: _____

State: _____ Zip: _____ Relationship: _____

TRUSTEE INFORMATION

Who do you want to act as trustee? May be the same as guardians.

7000 - Complete Legal Name: _____ Cell No.: _____

Physical Address: _____ City: _____ County: _____

State: _____ Zip: _____ Relationship: _____

Who do you want to appoint as alternate trustee's of the children? May be the same as guardians.

8000 - Complete Legal Name: _____ Cell No.: _____

Physical Address: _____ City: _____ County: _____

State: _____ Zip: _____ Relationship: _____

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: _____

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INFORMATION

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State: _____ Zip: _____ Relationship: _____

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State: _____ Zip: _____ Relationship: _____

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Physical Address: _____ City: _____ County: _____

State: _____ Zip: _____ Relationship: _____