

WILL DATA FORM

GENERAL PERSONAL INFORMATION

	<u>Husband</u>	<u>Wife</u>
Full Name:		
Date of Birth:		
Social Security #:		
Home Address:		Home Tel.:
Occupation:		
Employer:		
Work Address:		
Work Tel.:		
Last Will Date:		

FAMILY INFORMATION

<u>Names of Children</u>	<u>Relation</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>

“BASIC WILL” INSTRUCTIONS

Please answer the following for each:	<u>Husband</u>	<u>Wife</u>
Who will act as your executor ?	Wife	Husband
Who will be the alternate executor ?		
Who will be the Guardian/Conservator/-Trustee for children?		
Who will be the Alternate Guardian/Conservator/Trustee for Children?		
At what age should any trust be distributed?		
Other special provisions attached?		

DURABLE POWER OF ATTORNEY INSTRUCTIONS

Answer the Following:	<u>Husband</u>	<u>Wife</u>
Who will be your agent ?	Wife	Husband
Who will be your alternate agent ?		
Do you want “Terminal” and “Comatose Condition” paragraphs an in the example?		

ADDITIONAL INFORMATION

If you own **real estate**, please attach the legal description (a copy of the deed or abstract would be best). Please use additional sheets or the reverse for overflow information.