

PREPARATION OF WILL

Will prepared for: _____

Burial Cremation:

Full *birth* name of Testator/Testatrix: _____

Address: _____

State of: _____

County of: _____

Phone: (HOME) _____

(CELL) _____

(WORK) _____

Currently Married: Yes No Date of current marriage _____

Full Name of Current Spouse: _____

Executor/Executrix:

Complete name: _____

Address: _____

State of: _____

County of: _____

Is Executor/Executrix: Husband Wife Other _____

Alternate Executor/Executrix:

Complete name: _____

Address: _____

State of: _____

County of: _____

Is Alternate Executor/Executrix: Husband Wife Other _____

Complete names of ALL children: *(Use additional pages if necessary)*

Name:	_____
Address:	_____

Birth date:	_____
Age at which Trust will be distributed:	_____

Name:	_____
Address:	_____

Birth date:	_____
Age at which Trust will be distributed:	_____

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Address:	_____

Birth date:	_____
Age at which Trust will be distributed:	_____

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Address:	_____

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Address:	_____

Birth date:	_____
Age at which Trust will be distributed:	_____

Name:	_____
Address:	_____

Birth date:	_____
Age at which Trust will be distributed:	_____

Guardian of minor child/children:

Complete name: _____

Address: _____

State of: _____

County of: _____

Relationship to Testator/Testatrix: _____

Relationship to child/children: _____

Trustee:

Complete name: _____

Address: _____

State of: _____

County of: _____

Relationship to Testator/Testatrix: _____

Relationship to child/children: _____

NOTES

(Use additional pages if necessary)

