

Estate Document Information Sheet

Referred by: \_\_\_\_\_

**SECTION I – GENERAL WILL PROVISIONS**

**Personal Information:**

Full Name: \_\_\_\_\_

Any other name(s) you are known by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**Child(ren)'s Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Child from a previous marriage? \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Child from a previous marriage? \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Child from a previous marriage? \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Child from a previous marriage? \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Child from a previous marriage? \_\_\_\_\_

If your spouse has children from a previous marriage, are you treating them as your own in this Will? \_\_\_\_\_

Do you want to include afterborn children in your Will? \_\_\_\_\_

Do you want a no contest clause in your Will? \_\_\_\_\_

Executor is the person who has the responsibility of probating your Will, collecting and preparing an inventory of your assets, paying any debts or taxes, and distributing your assets to the beneficiaries in your will.

\*Please include how the person is related to you (sister, friend, etc.)

Executor: \_\_\_\_\_

First Alternate Executor: \_\_\_\_\_

Second Alternate Executor: \_\_\_\_\_

### **Disposition of Property**

Should your spouse survive you, list below the name, age, relationship and address of any person who is to receive property under your Will and what each person is to inherit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should your spouse NOT survive you, list below the name, age, relationship and address of any person who is to receive property under your Will and what each person is to inherit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Funeral Arrangements**

It is your desire that your remains be cremated or buried? \_\_\_\_\_

## **SECTION II – CONTINGENT TRUST AND GUARDIANSHIP PROVISIONS**

### **Trustee and Trust Provisions**

Trustee is the person who has the responsibility of managing the property your child will inherit from you until they reach the age at which you think he/she can handle it himself.

\*Please include how the person is related to you (sister, friend, etc.)

Trustee: \_\_\_\_\_

First Alternate Trustee: \_\_\_\_\_

Second Alternate Trustee: \_\_\_\_\_

If you set up a trust for the benefit of your children or others, at what age do you want the trust to be terminated and distributed? This age should be the age at which you think a child is financially able to handle his property. This age may vary depending upon the maturity and responsibility of the child. This age must be at least 18 years.

Lump Sum Trust – Entire estate distributed at age \_\_\_\_\_

Three-Point Trust – Estate distributed in thirds at the ages of \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_.

### **Guardianship Provisions**

After your death, or the death of you and your spouse if you are married, the Guardian will have the responsibility of bringing up your child until he/she reaches the age of 18 years. Minor children will live with their guardian until such age.

\*Please include how the person(s) is(are) related to you (mother and father, mother in law and father in law, sister and brother in law (please note that it can be an individual also) etc.)

Guardian: \_\_\_\_\_

First Alternate Guardian: \_\_\_\_\_

Second Alternate Guardian: \_\_\_\_\_

### **SECTION III – DURABLE POWER OF ATTORNEY**

Who do you wish your Attorney-in-Fact to be? \_\_\_\_\_

What relationship is this person to you? \_\_\_\_\_

### **SECTION IV – MEDICAL POWER OF ATTORNEY**

Who do you wish your Medical Attorney-in-Fact to be? \_\_\_\_\_

What relationship is this person to you? \_\_\_\_\_

Attorney-in-Fact's address: \_\_\_\_\_

Attorney-in-Fact's phone number: \_\_\_\_\_

Name a First Successor Attorney-in-Fact: \_\_\_\_\_

Address of First Successor Attorney-in-Fact: \_\_\_\_\_

Phone number of First Successor Attorney-in-Fact: \_\_\_\_\_

Name a Second Successor Attorney-in-Fact: \_\_\_\_\_

Address of Second Successor Attorney-in-Fact: \_\_\_\_\_

Phone number of Second Successor Attorney-in-Fact: \_\_\_\_\_

**SECTION V – DIRECTIVE TO PHYSICIAN**

Select treatment provision if you are suffering with a terminal condition from which you are expected to die within six months, even with available life-sustaining treatment:

- life-sustaining treatments to be discontinued  
or
- life-sustaining treatments to continue

Select treatment provision if you are suffering with an irreversible condition so that you cannot care for yourself or make decisions for yourself and you are expected to die without life-sustaining treatment:

- life-sustaining treatments to be discontinued  
or
- life-sustaining treatments to continue

Do you want to provide additional requests regarding any particular treatment? If so what?

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