



This worksheet has been created so that your wills and other related documents may be completed in an efficient cost efficient manner. The information you submit will be used by our firm to prepare the following documents for you: Last Will and Testament, Living Will, and Durable Power of Attorney for Health Care. Please complete the worksheet as completely as possible and return it to your attorney via email or fax 1-866-800-0980. We are always happy to answer any questions that you may have throughout this process. Thank you for allowing us to be of service to you.

WILL INFORMATION WORKSHEET

I. General Information

1. Full Name: _____
2. Social Security Number: _____
3. Home Address: _____
4. Home Phone Number: _____
5. Email Address: _____
6. DOB: _____
7. Employer: _____
 - a. Work Phone No: _____
 - b. Work Address: _____
8. Do you have any existing or prior wills: _____

9. Children and/or Stepchildren:

NAME	AGE	STATE	

Grandchildren:

NAME	AGE	STATE	PARENT'S NAMES

Trust for Minor Children: _____

Age(s) of Distribution: _____

Special Provisions: _____

Any Special-needs children? _____ If yes, please explain: _____

10. Other Advisors (e.g. accountants, life insurance agents): _____

II. Financial Information

1. Real Property:

ADDRESS	VALUE	MORTGAGES/LIENS

