

WILL INFORMATION SHEET

Date: _____

FULL NAME: _____

D.O.B. _____

FULL NAME: _____

D.O.B. _____

Marital Status: _____

ADDRESS: _____

TEL. NO. _____

RES: _____

BUS: _____

BUS.: _____

C.P.: _____

EMAIL: _____

EXECUTOR: _____

RELATION: _____

PLACE OF RESIDENCE: _____

ALT. EXECUTOR: _____

RELATION: _____

PLACE OF RESIDENCE _____

ANY R.R.S.P.s. _____

Yes _____ No _____

BENEFICIARY: _____

PLACE OF RESIDENCE: _____

RELATION: _____

BENEFICIARY(IES), RELATION, PLACE OF RESIDENCE:

(1) _____

(2) _____

(3) _____

(4) _____

PER STIRPES **YES** **NO**

ALTERNATE BENEFICIARY(IES), RELATION, PLACE OF RESIDENCE:

(1) _____

(2) _____

PER STIRPES **YES** **NO**

CHILDREN - AGE OF DISTRIBUTION:

FULL LEGAL NAME: _____

D.O.B. _____

FULL LEGAL NAME: _____

D.O.B. _____

FULL LEGAL NAME: _____

D.O.B. _____

GUARDIAN CLAUSE _____

Yes _____ No _____

NAME OF GUARDIAN: _____

PLACE OF RESIDENCE: _____

RELATION: _____

ALTERNATE GUARDIAN: _____

NAME OF GUARDIAN: _____

PLACE OF RESIDENCE: _____

RELATION: _____

GUARDIAN MAY MAKE PAYMENTS FOR CHILDREN: _____

Yes _____ No _____

TRUST CLAUSE: _____

Yes _____ No _____

FEE QUOTED TO CLIENT: _____

REFERRED BY: _____

IN OUR STORAGE FACILITY _____

Yes _____

No _____

POWER OF ATTORNEY-PROPERTY _____

RELATION: _____

RESIDENCE: _____

Primary Attorney _____

Alternate Attorney _____

POWER OF ATTORNEY-PERSONAL CARE _____

RELATION: _____

RESIDENCE: _____

INCLUDE LIVING WILL (Y) (N) _____

Primary Attorney-1 _____

Primary Attorney-2 _____

Alternate Attorney-1 _____

Alternate Attorney-2 _____

SPECIAL PROVISIONS – SEE ATTACHED SHEET: _____

Yes _____ **No** _____

MUTUAL WILL CONTRACT _____

Yes _____

No _____

ORGAN DONATION FORM _____

Yes _____

No _____

NURSING HOME CLAUSE _____

Yes _____

No _____