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PERSONAL INFORMATION  
FOR PREPARATION OF WILLS, TRUSTS, ETC.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer or Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

# Previous Marriages: \_\_\_\_\_ How Terminated?: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

# Previous Marriages of Spouse: \_\_\_\_\_ How Terminated?: \_\_\_\_\_

**CHILDREN:**

By Present Marriage:                      Names                                      Birth Dates

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

Client by Prior Marriage:

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

Of Spouse by Prior Marriage:

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

**SIMPLE DISPOSITION OF PROBATE ESTATE**

**First**, to Spouse if he or she shall survive me.

**Second**, to the following persons in the shares indicated.

Name & Address	Relationship	Share

If your desired disposition is more complex, please indicate on an attached sheet. Please remember that you can distribute tangible personal property by using a separate writing referenced in your Will. There will be an additional fee if you wish to incorporate a more complex distribution in your will.

**APPOINTMENT OF PERSONAL REPRESENTATIVE**

**Personal Representative** (Person(s) who you wish to administer your probate if filed):

Bond Waived?: _____	Accounting and Final Settlement Waived?: _____
Name	Relationship Address

**Alternates:**

First: \_\_\_\_\_

Second: \_\_\_\_\_

**APPOINTMENT OF GUARDIANS**

**Guardian of Person** of Minor Children (Person(s) child(ren) will live with): Bond Waived?: \_\_\_\_\_

**Alternates:**

First: \_\_\_\_\_

Second: \_\_\_\_\_

**Guardian of Estate** of Minor Children or Custodian under UGMA (Person(s) who will manage child(ren)'s money and property for child if no Trust is created): Bond Waived?: \_\_\_\_\_

**Alternates:**

First: \_\_\_\_\_

Second: \_\_\_\_\_

**APPOINTMENT OF TRUSTEE**

**Trustee:** Bond Waived?: \_\_\_\_\_ Living Trust?: \_\_\_\_\_ Testamentary Trust?: \_\_\_\_\_

**Alternates:**

First: \_\_\_\_\_

Second: \_\_\_\_\_

Purpose of Trust: \_\_\_\_\_ Minor short term care \_\_\_\_\_ Dependent long term care  
 \_\_\_\_\_ Avoid probate \_\_\_\_\_ Reduce taxes \_\_\_\_\_ Charitable \_\_\_\_\_ Other

Insurance policy and other assets to be placed in Trust: \_\_\_\_\_

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

**DURABLE POWER OF ATTORNEY**

**Attorney in Fact** (Person(s) who you wish to handle your affairs):

Absolute?: \_\_\_\_\_ (no requirement of medical opinion as condition.)

Contingent?: \_\_\_\_\_ (requires medical opinion that you lack capacity to handle your affairs.)

Name Relationship Address Phone

**Alternates:** (if any)

First: \_\_\_\_\_

Second: \_\_\_\_\_

Do you wish to include power to make health care decisions? Circle one: Yes No

(Should be same person as person designated as health care surrogate, if any.)

**DESIGNATION OF HEALTH CARE SURROGATE**

**Surrogate** (Person(s) who you wish to make health care decisions if you are incapacitated):

Name Relationship Address Phone

**Alternates:** (if any)

First: \_\_\_\_\_

Second: \_\_\_\_\_

**LIVING WILL**

**Surrogate** (Person(s) who you wish to make life-prolonging decisions if you are incapacitated):

Name Relationship Address Phone

**Alternates:** (if any)

First: \_\_\_\_\_

Second: \_\_\_\_\_

**Conditions** (Indicate conditions you wish to include in your living will.)

If you have a terminal condition? Circle one: Yes No

If you have an end-stage condition? Circle one: Yes No

If you are in a persistent vegetative state? Circle one: Yes No

(If you have any questions about the above conditions, please consult with your physician.)

(Life-prolonging procedures” includes, but is not limited to, the use of any medical device or procedure, artificially provided fluids and nutrition, drugs, surgery or therapy that uses mechanical or other artificial means to sustain, restore or supplant a vital bodily function, and thereby increase the expected life span of a patient.)

**Check one only:**

\_\_\_\_\_ Do you request that artificially provided fluids and nutrition, such as by feeding tube or intravenous infusion be withheld or withdrawn as “life-prolonging procedures?”

**OR**

\_\_\_\_\_ Do you request that they be provided to the extent medically appropriate even if other “life-prolonging procedures” are withheld or withdrawn?