

WILL / TRUST INFORMATION FORM

FULL

NAME _____

SPOUSE'S FULL NAME _____

FULL NAMES AND AGES OF BENEFICIARIES

ESTIMATED VALUE OF ESTATE-SEE ASSET ACCUMULATION SHEET

NAME OF PERSONAL REPRESENTATIVE _____

NAME OF SUCCESSOR PERSONAL REPRESENTATIVE _____

NAME OF TRUSTEE _____

NAME OF SUCCESSOR TRUSTEE _____

NAME OF GUARDIAN _____

NAME OF SUCCESSOR GUARDIAN _____

SPECIFIC BEQUESTS _____

DEVISES OF REAL ESTATE

DISTRIBUTION OF ASSETS AT DEATH

AGES OF DISTRIBUTION FOR TRUSTS _____

SPECIAL TERMS FOR TRUST/PURPOSES

SPECIAL NEEDS CHILDREN/BENEFICIARIES _____

CONTINGENT

BENEFICIARIES _____

FINANCIAL POWER OF ATTORNEY

HEALTH CARE POWER OF ATTORNEY

OTHER _____
