

WILL INFORMATION SHEET
(Short Form)

DATE: _____

CLIENT: FULL LEGAL NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

DATE OF BIRTH _____ SS# _____

PREVIOUS MARRIAGE? _____ ENDED HOW _____

DATE OF PRESENT MARRIAGE _____

SPOUSE: FULL LEGAL NAME _____

DATE OF BIRTH _____ SS# _____

PREVIOUS MARRIAGE? _____ ENDED HOW _____

CHILDREN'S NAMES:

CHILDREN'S NAMES:

1. _____ AGE _____ AGE _____

2. _____ AGE _____ AGE _____

3. _____ AGE _____ AGE _____

4. _____ AGE _____ AGE _____

PERSONAL REPRESENTATIVES:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

BENEFICIARIES:

_____ RELATIONSHIP _____ PERCENTAGE _____

_____ RELATIONSHIP _____ PERCENTAGE _____

_____ RELATIONSHIP _____ PERCENTAGE _____

_____ RELATIONSHIP _____ PERCENTAGE _____

_____ RELATIONSHIP _____ PERCENTAGE _____