

**INFORMATION NEEDED FOR PREPARATION OF
LAST WILL AND TESTAMENT**

TESTATOR/TESTATRIX INFORMATION:

FULL NAME: _____

ADDRESS: _____

PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

EXECUTOR/EXUCUTRIX INFORMATION:

NAME: _____

RELATIONSHIP: _____

ALTERNATE: _____

RELATIONSHIP: _____

BENEFICIARY INFORMATION:

BENEFICIARIES AND DISTRIBUTIONS: _____

PICK ONE OF THE FOLLOWING:

PER STIRPES(bequest goes down to heirs of beneficiary if the beneficiary has predeceased you; for example if your beneficiary is your child and that child predeceases, the gift goes to that child's children)

OR

PER CAPITA(the bequest is divided between the remaining beneficiaries, if one beneficiary predeceases you; for example if your beneficiaries are your 3 children, and one of your children predeceases you, the gift does not go down to that child's children, but is divided between your surviving children) _____

IF CHILDREN ARE MINORS AT THE TIME OF MAKING OF THE WILL:

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

AGE OF DISTRIBUTION: _____

PER STIRPES: _____ PER CAPITA: _____

TRUSTEE: _____

ALTERNATE: _____

GUARDIAN: _____

ALTERNATE: _____

**INFORMATION NEEDED FOR PREPARATION OF
POWER OF ATTORNEY**

FROM:

FULL NAME: _____

ADDRESS: _____

PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

DRIVER LICENSE: _____

TO:

FULL NAME: _____

ADDRESS: _____

PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

DRIVER LICENSE: _____

ALTERNATE:

FULL NAME: _____

ADDRESS: _____

PHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

DRIVER LICENSE: _____