

WILL & TRUST DOCUMENTS

1. Name of person requesting will/trust: _____, Social Security Number _____, address _____ residing in _____ county

2. Immediate Family Members:
 - A. Spouse Name _____ dob _____ m/d/y
 - B. Child Name _____ dob _____
 - C. Child Name _____ dob _____
 - D. Child Name _____ dob _____
 - E. Child Name _____ dob _____
 - F. Child Name _____ dob _____

3. Did you sign a Prenuptial or Antenuptial contract? Yes _____ No _____ If so provide copy of contract.

4. Divorced? Yes _____ No _____ please provide copy of divorce judgment

5. Appointment of Personal Representative:
 - A. Full Name: _____
 - G. Address: _____
 - H. Phone: _____

6. Appointment of Secondary Personal Representatives:
 - A. Full Name: _____
 - B. Address: _____
 - C. Phone: _____

 - A. Full Name: _____
 - B. Address: _____
 - C. Phone: _____

7. If minor children, name primary guardian:

- A. Full Name: _____
- B. Address: _____
- C. Phone: _____

8. Name secondary guardian(s):

- A. Full Name: _____
- B. Address: _____
- C. Phone: _____

DISTRIBUTION OF TRUST PROPERTY:

1. List all beneficiaries:

2. Division in separate shares (state the percentages that each beneficiary shall receive)(ie. Each child to receive equal shares)_____

3. If your beneficiary should die before you how do you want their share allocated? (ie divided among other siblings? To go to that individual's spouse? To go to that individual's children?)

4. Child's share to be placed in a mandatory trust to be distributed when the child attains the age of_____(age 25 if not specified). Child will receive income and principal at the discretion of the Trustee for Health, Education, Maintenance and support.

5. Periodic Income Payments with distribution or principal at the times specified below
Principal distribution (\$ or %):_____at age_____; and_____at _____age

6. Special Bequests to individuals or organizations (i.e. 3,000 to Red Cross)

7. Any children or adults with special needs? (does a separate needs trust need to be created?) If so for whom_____dob_____m/d/y
8. Ultimate Distribution Pattern (name an ultimate beneficiary if everyone were to die before you do) (ie. Catholic Church, Humane Society, Create a Charitable Gift Foundation etc.)
9. Name of Trustee if you are unable to act_____
10. Name of Secondary Trustee(s)
 - A. Name_____
 - B. Name_____
11. Name of Co-Trustee if requested_____