

RONALD K. LANTZ

ATTORNEY AT LAW

FIRST PROFESSIONAL BUILDING
636 US HIGHWAY ONE, THIRD FLOOR
NORTH PALM BEACH, FLORIDA 33408

TELEPHONE: (561) 881-1140

FACSIMILE: (561) 881-5757

WILL INFORMATION FORM

1. **FULL LEGAL NAME:** _____
First Middle Last

2. **PERMANENT ADDRESS:** _____
Number Street Apt. #

City County State Zip
Telephone Numbers: _____ (home) _____ (other)

3. **FAMILY MEMBERS:**

Spouse: _____
First Middle Maiden Last

Children: _____
First Middle Last Date of Birth

First Middle Last Date of Birth

First Middle Last Date of Birth

First Middle Last Date of Birth

(List additional children on back)

4. **PERSONAL REPRESENTATIVE (EXECUTOR):**

(IMPORTANT: Cannot be out-of-state resident unless blood kin)

Full Legal Name: _____
First Middle Last

Permanent Address: _____
Number Street Apt. #

City County State Zip

Relationship to you: _____

ALTERNATE PERSONAL REPRESENTATIVE (In the event the above individual
is unable to serve):
(IMPORTANT: Cannot be out-of-state resident unless blood kin)

Full Legal Name: _____
 First Middle Last
Permanent Address: _____
 Number Street Apt. #

 City County State Zip
Relationship to you: _____

5. **GUARDIAN OF MINOR CHILDREN:**

Name (or names if married): _____
Address: _____
 Number Street Apt. #

 City County State Zip
Relationship to you (closest of two): _____

ALTERNATE GUARDIAN(S):

Name (or names if married): _____
Address: _____
 Number Street Apt. #

 City County State Zip
Relationship to you (closest of two): _____

6. **TRUST FOR MINOR CHILDREN:**

Trustee(s) (Name or names if married): _____
Address: _____
 Number Street Apt. #

 City County State Zip
Relationship to you (closest of two): _____

ALTERNATE Trustee(s): _____
Address: _____
 Number Street Apt. #

 City County State Zip
Relationship to you: _____

Transfer each child's share when he/she (___) any child (___) all children (___)
reach the age of _____ (indicate age).

Are there any special trust conditions? Yes (___) No (___)

If so, please describe:

7. **FINAL DISPOSITION:**

How do you wish your remains be disposed of? Describe: _____

Do you have a pre-need funeral/burial plan? Yes (___) No (___)

If so, with which establishment? (Please provide their name, address and your account
number, if known): _____

8. **DEVISE OF REAL PROPERTY (Real Estate):**

Is all real property left to one person? Yes (___) No (___)

Is all real property to be held in trust? Yes (___) No (___)

If so, to whom, and/or if held in trust, for whom?

(___) To:

(___) In Trust For:

Full Legal Name: _____

First

Middle

Last

Address: _____

Number

Street

Apt. #

City

County

State

Zip

Relationship to you: _____

(If a single piece of property is left to, or held in trust for, more than one person, list
name, address, and relationship of other person(s) on the back of this page.)

PROPERTY:

Address: _____
Number Street Apt. #

City County State Zip
Is this your primary residence (homestead)? Yes (___) No (___)

This property is left:

(___) To: (___) In Trust For:

Full Legal Name: _____
First Middle Last
Address: _____
Number Street Apt. #

City County State Zip
Relationship to you: _____

OTHER PROPERTY:

Address: _____
Number Street Apt. #

City County State Zip
Is this your primary residence (homestead)? Yes (___) No (___)

This property is left:

(___) To: (___) In Trust For:

Full Legal Name: _____
First Middle Last
Address: _____
Number Street Apt. #

City County State Zip
Relationship to you: _____

(List any additional properties and beneficiaries on back)

9. **MORTGAGES and/or LIENS UPON REAL PROPERTY:**

Do you wish to have all outstanding mortgages and liens upon real property left to beneficiaries paid by your estate?

Yes (___) No (___) Only certain properties? (___) Describe below:

10. **BEQUESTS OF PERSONAL PROPERTY** (All non-real estate):
Is all personal property left to one person? Yes (___) No (___)
If so, to whom, if not, what is left to whom?

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____
Object(s): _____

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____
Object(s): _____

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____
Object(s): _____

(List additional beneficiaries and objects on the back)

11. **LOANS and/or LIENS UPON PERSONAL PROPERTY:**

Do you wish to have all outstanding loans and liens upon personal property left to beneficiaries paid by your estate?

Yes (___) No (___) Only certain objects? (___) Describe:

12. **RESIDUARY ESTATE** (All remaining real and personal property not otherwise disposed of specifically above):

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____

Alternate Beneficiary

To: _____
First Middle Last

Number Street Apt. #

City County State Zip
Relationship to you: _____

(List additional residuary beneficiaries on the back)

13. **Please describe in detail any terms, conditions, or provisions you feel have not been adequately addressed above:** _____
