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WILL INFORMATION FORM

FULL L	EGAL NA				
		First	Middle	La	ast
PERMA	NENT AI	DDRESS:			
		Number	Street		Apt. #
Ci	ity	Cou	inty	State	Zip
Telephon	e Number	rs:	(home)		(other)
	First	Middle	Maiden	Last	
		Middle	Maiden	Last	
	First	Middle	Last	Da	ate of Birth
	First	Middle	Last	Da	ate of Birth
	First	Middle	Last	Da	ate of Birth
	First	Middle	Last	Da	ate of Birth
		(List additional c	hildren on back)		

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

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

Full Legal Name:				
F	First		Last	
Permanent Address:				
	Number	Street	Ap	ot. #
City		County	State	Zip
Relationship to you:				

5.

6.

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	La	ist
Permanent Address:			
Numb		Ap	pt. #
City	County	State	Zip
Relationship to you:			
GUARDIAN OF MINOR	CHILDREN:		
Address:			
Number	Street	Ap	pt. #
City	County	State	Zip
2	of two):		-
Address: Number	Street	Aj	ot. #
City	County	State	1
Relationship to you (closest	of two):		
TRUST FOR MINOR CH			
	f married):		
Address: Number	Street	Ar	ot. #
	50000	11	20. II
City	County	State	Zip
Relationship to you (closest			
ALTERNATE Trustee(s): _			
Address:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
Number	Street	A	pt. #
City	County	State	Zip
Relationship to you:			

7.

8.

If so, with which establish number, if known): DEVISE OF REAL PRO Is all real property left to o	eld in trust? Yes () No () eld in trust, for whom?	No ()
If so, with which establish number, if known): DEVISE OF REAL PRO Is all real property left to o Is all real property to be he If so, to whom, and/or if he () To: Full Legal Name: First	ment? (Please provide their nar PERTY (Real Estate): one person? Yes () eld in trust? Yes () No () eld in trust, for whom? Image: Compare the second	ne, address and your acco
If so, with which establish number, if known): DEVISE OF REAL PRO Is all real property left to o Is all real property to be he If so, to whom, and/or if he () To: Full Legal Name:	ment? (Please provide their nar PERTY (Real Estate): one person? Yes () eld in trust? Yes () No () eld in trust, for whom? Image: Compare the second	ne, address and your acco
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If so, with which establish	ment? (Please provide their nar	ne, address and your acco
• •	-	
Do you have a pre-need fu		
	nains be disposed of? Describe:	
FINAL DISPOSITION:		
If so, please describe:		
Are mere any special trust	conditions? Yes ()	No ()
Ano those only encould truck		- / 、
reach the age of (

(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 residen	•	s () No ()	I
This property is left:			
() To:		() In Trust For:	
Full Legal Name:			
First	Middle	Last	
Number	Street	Apt.	#
City	County	State	Zip
Relationship to you:			
OTHER PROPERTY: Address:			
Number	Street	Apt.	#
City	County	State	Zip
Is this your primary residen	ce (homestead)? Ye	s () No ()	
This property is left:		<i>.</i>	
() To:		() In Trust For:	
Full Legal Name:			
First Address:	Middle	Last	-
Number	Street	Apt.	#
City	County	State	Zip
Relationship to you:	•		-
(List any addition	nal properties and benefici	aries 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:

Is all	personal property left	NAL PROPERTY (All not to one person? Yes ()		
If so,	, to whom, if not, what	is left to whom?		
To:				
	First	Middle	Last	
	Number	Street	Apt. #	
	City	County	State	Zij
Relat	tionship to you: Object(s):			
To:	First	Middle	Last	
	Number	Street	Apt. #	
Relat		County		Zij
То:				
	First	Middle	Last	
	Number	Street	Apt. #	
Relat		County	State	Zij

(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
benefici	aries pai	d by y	our	estate?							

Yes ()	No ()	Only certain objects? () Describe:	
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12. **RESIDUARY ESTATE** (All remaining real and personal property not otherwise disposed of specifically above):

First	Middle	Last	
Number	Street	Apt. #	
City	County	State	Zip
elationship to you:			
0:			
First	Middle	Last	
Number	Street	Apt. #	
City	County	State	Zip
elationship to you:			
ternate Beneficiary			
First	Middle	Last	
Number	Street	Apt. #	

(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: