

LAST WILL AND TESTAMENT WORKSHEET

Please fill out this form as best as you can. If you have any questions, please call feel free to call our office at 402-477-2233.

Name: _____ DOB: _____ Spouse: _____ DOB: _____

Address: _____ City/State/Zip Code _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____ Your Social Security Number: _____

Spouse e-mail address: _____ Spouse Social Security Number: _____

Name(s) of Child(ren), Address, Phone Number and Date of Birth: _____

After spouse and children, who should receive property? _____

Designated Gift list: ___ yes ___ no Where kept: Attorney; _____ Other: _____

First Personal Representative: Spouse: _____; Other: _____

Second Personal Representative and address: _____

If a Guardian needed – Name and Address: _____

Secondary Guardian – Name and Address: _____

Charitable Bequests: _____

Durable Power of Attorney: Husband first to: Spouse: _____; Other: _____

Husband second to: _____

Wife first to: Spouse: _____; Other: _____

Wife second to: _____

Health Care Power of Attorney: First (Name): _____

Second (Name): _____

Living Will: ___ Yes ___ No

If you wish to have a trust, please complete the following:

Name of Trust: _____

Age to Pay Out Trust: _____

Trustee (Name and Address): _____

Secondary Trustee (Name and Address): _____

Financial Planner: _____

Life Insurance: _____

You should have in mind the value of your estate (assets and liabilities). If you have a financial sheet, please provide it.

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