WILL INFORMATION FORM

Name:	
Address:	
Telephone number:	
Email Address:	
Are you married? Yes	No
Name of Spouse:	
Children	
Name:	Over 18 years of Age: Yes No Male () Female ()
Name:	Over 18 years of Age: Yes No Male () Female ()
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Do you want to leave you	r estate to your spouse? Yes No
· · · · · · · · · · · · · · · · · · ·	ant to leave your estate (Include relationship to you)? If not equally to the ride the amounts or percentages.
After your primary beneit	ficary do you want to leave your estate to your children in equal shares? Yes
If no, to whom do you wa	int to leave your estate?

Name and relationship to you c	of your Executor/Executrix:
Name and relationship to you c	of your successor Executor/Executrix:
If children are under the age of Trustee:	18, name and relationship to you of your
If children are under the age of Trustee:	18, name and relationship to you of your successor
Do you want to make any speci	fic bequests: Yes No
Specific bequests are gifts of pr	operty or a certain amount of money to a person.
Name of person	Specific Bequest:
Name of person	Specific Bequest:
Name of person	Specific Bequest:
Do you want to make any chari	table gifts: Yes No
Name of Charity:	Amount of Gift:
Name of Charity:	Amount of Gift:
Name of Charity:	Amount of Gift:
	18, name and relationship to you of Guardian of the person of the (Guardian is who the minor children will live with until 18)
	18, name and relationship to you of successor Guardian of the person o