LAST WILL AND TESTAMENT WORKSHEET

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

Name _____ Spouse _____
Address _____ City/State/Zip Code _____
Home Phone _____ Work Phone _____ Cell _____
E-mail address _____

Name(s) of Child(ren) and Date of Birth _____
_____
After spouse and children, who should receive property _____
Laundry list ____ yes ____ no Where kept _____

First Personal Representative and address (spouse) _____
_____
Second Personal Representative and address _____
_____

If a Guardian needed – Name and Address _____
_____
Secondary Guardian – Name and Address _____
_____

Charitable Bequests _____

Durable Power of Attorney Husband to Wife ____ Yes
Husband to _____ ____ Yes

Wife to Husband ____ Yes
Wife to _____ ____ Yes

Health Care Power of Attorney First – Name _____
Second – Name _____

Living Will ____ Yes ____ No

Financial Planner _____
Life Insurance _____

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 _____
_____

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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