

LAST WILL AND TESTAMENT WORKSHEET

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

Name _____

Address _____ City/State/Zip Code _____

Telephone Number _____ Spouse's Name _____

Number of Children _____

Name (s) of Child (ren) and Date of Birth _____

After spouse and children, who should receive property _____

Laundry List: _____ Yes _____ No Where Kept: _____

Name of Personal Representative and Address _____

Second Personal Representative and Address _____

Is a Guardian needed – Name and Address _____

Secondary Guardian's Name and Address _____

Charitable Bequests _____

Power of Attorney	Husband to Wife	_____ Yes	_____ No
	Wife to Husband	_____ Yes	_____ No
	Husband to _____	_____ Yes	_____ No
	Wife to _____	_____ Yes	_____ No

Financial Planner: _____

Insurance: _____ Living Will: _____

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's Name and Address _____

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

JAMES A. CADA
Cada, Froscheiser, Cada & Hoffman
1024 K STREET
LINCOLN, NEBRASKA 68508
(402) 477-2233