

FAMILY INFORMATION - WILLS FOR HEROES

Name: _____ Date: _____

Home Address: _____ City: _____

State, Zip: _____ County of Residence: _____

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

Email: _____ Married Committed Relationship

	Husband	Wife
Full Legal Name		
Birth Date		
Citizenship		

CHILDREN OF THIS MARRIAGE (including adopted children)	
Name	Birth Date

CHILDREN OF HUSBAND'S FORMER MARRIAGE(S) (including adopted children)	
Name	Birth Date

CHILDREN OF WIFE'S FORMER MARRIAGE(S) (including adopted children)	
Name	Birth Date

HUSBAND'S HEALTH CARE AGENT (makes health care decisions when you are unable)			
Name	Address	Phone Number	Relationship
First:			
Second:			
WIFE'S HEALTH CARE AGENT (makes health care decisions when you are unable)			
Name	Address	Phone Number	Relationship
First:			
Second:			

HUSBAND'S Attorney-in-Fact for Financial Affairs			
Name	Address	Phone Number	Relationship
WIFE'S Attorney-in-Fact for Financial Affairs			
Name	Address	Phone Number	Relationship

12. Do the parties wish to treat step-children as their own: ___ YES ___ NO

13. How do the parties wish to distribute their personal property:

___ Spouse then children; ___ Just children; ___ Another individual; ___ Siblings; ___ Parents;
 ___ A group of individuals

14. How do the parties wish to distribute the residue of their estate:

___ Spouse then children; ___ Just children; ___ Siblings; ___ Parents; ___ Another individual;
 ___ A group of individuals in equal shares; ___ A group of individuals in unequal shares;
 ___ One charity; ___ More than one charity equally; ___ More than one charity unequally

If none of the selected individuals survives, distribute the residue to:

Siblings; Parents; Individual; A group of individuals in equal shares;

A group of individuals in unequal shares; One charity; More than one charity equally;

More than one charity unequally

15. Any additional contingent gift: YES; NO

Name of Person or Charity: _____

16. Please think about when (at what ages) your children should receive distributions from the Trust.

When do you want the trust to terminate (Must be 21 or older): _____

Do you want a secondary distribution (i.e., 1/2 at age ___ and the balance at termination): Y / N

What age: _____

Do you want a tertiary distribution (i.e., 1/3 at age ___, 1/2 at age ___ and the balance at termination): Y / N

What age: _____

HUSBAND'S PERSONAL REPRESENTATIVE (carries out the terms of your Will)			
Name	Address	Phone Number	Relationship
First:			
Second:			
WIFE'S PERSONAL REPRESENTATIVE (carries out the terms of your Will)			
Name	Address	Phone Number	Relationship
First:			Spouse
Second:			

Do you want you fiduciaries to receive reasonable compensation? YES; NO

GUARDIANS (to care for minor children)			
Name	Address	Phone Number	Relationship
First:			
Second:			

Once executed, your documents will be valid legal instruments, and should be stored in a secure location (we suggest a bank safe deposit box).

We hereby certify that the foregoing information is true, complete and correct.

Signature

Signature

Dated: _____

Dated: _____