

**LAW OFFICES OF
SHARON SANDERS WEBSTER**

WILL INFORMATION SHEET

You:

Your full name: _____

Maiden Name (if female): _____

Address: _____

(If P.O. Box, please also provide a street address)

City, State, Zip: _____

Telephone Number: _____

Company Name: _____

Work Address: _____

Work Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____ Driver's License No.: _____

Family History

Marital Status Single Married Divorced Widowed Separated

Children of the Marriage:	<u>Name</u>	<u>Age</u>	<u>Marital Status</u>

Are any children deceased? Yes No
If yes, give name _____

Grandchildren::	<u>Name</u>	<u>Age</u>	<u>Marital Status</u>

Where do you wish to be buried? _____
(Name of cemetery and town where it is located)

Do you wish to be an organ donor? Yes No

Who do you appoint to handle your affairs after you die? _____
(Name and relationship to you)

If this person refuses to handle your affairs
or dies before you, who is your alternate choice? _____
(Name and relationship to you)

Are there any specific things you wish to leave to a loved one? Yes No

If yes, please list below:

Extra Information:

How did you hear about this law office? _____
Have you consulted with another attorney about this matter? _____
If so, who and when? _____
Does that attorney represent you? _____

For Office Use:

Rest and Residue: _____

Trust: Yes No

Guardianship Yes No