

LAST WILL AND TESTAMENT

DATE:

I. GENERAL INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street)

(City, State) (County)

TELEPHONE: _____
(Residence) (Employment)

SPOUSE'S NAME:
(First) (Middle)

II. HEIRS AND BENEFICIARIES:

CHILDREN:

Name	Address	Birthdate
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OTHER PERSONS FOR WHOM YOU WISH TO PROVIDE FOR:

Name _____ Relationship

Provisions

Name _____ Relationship

Provisions

(If additional persons - list on an attached sheet)

III. EXECUTOR _____ CO-EXECUTORS _____ (Check One)

Name

Address _____

Name

Address _____

SUCCESSOR EXECUTOR(S):

(1st Choice)

Name

Address _____

(2nd Choice)

Name

Address _____

IV. GUARDIAN OF MINOR CHILDREN (if any):

(1st Choice)

Name _____

Address _____

(2nd Choice)

Name _____

Address _____

V. CHILDREN'S TRUST: YES _____ NO _____

Age for Distribution of Trust: _____

VI. TRUSTEE _____ CO-TRUSTEES _____ (Check one)

Name _____

Address _____

Name _____

Address _____

SUCCESSOR TRUSTEE(S):

(1st Choice)

Name _____

Address _____

(2nd Choice)

Name _____

Address _____

VII. ANY ADDITIONAL INFORMATION/BEQUESTS,ETC.:

VIII. DO YOU DESIRE A LIVING WILL TO BE PREPARED AND EXECUTED ON YOUR BEHALF? YES _____ NO _____

IX. DO YOU DESIRE A POWER OF ATTORNEY FOR HEALTH CARE TO BE PREPARED AND EXECUTED ON YOUR BEHALF? YES _____ NO _____

X. DO YOU DESIRE A POWER OF ATTORNEY FOR PROPERTY TO BE PREPARED AND EXECUTED ON YOUR BEHALF? YES _____ NO _____

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