

WARD & WARD

ATTORNEYS

728 South Meridian Street

Indianapolis, IN 46225

www.wardlawfirm.com

Additional Will Information Forms available online at:
www.wardlawfirm.com/practice-areas/estate-planning

WILL INFORMATION FORM

Your Information:

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
County: _____ Email: _____
Home Tel: _____ Work Tel: _____
Cellular Tel: _____
Date of Birth: _____ SSN: _____

Husband/Wife Information:

Spouse's Name: _____
Work Tel: _____ Cellular Tel: _____
Date of Birth: _____ SSN: _____

Children's Names and Addresses:*

Name: _____ DOB: _____ SSN# _____
Address (if different): _____
Name: _____ DOB: _____ SSN# _____
Address (if different): _____
Name: _____ DOB: _____ SSN# _____
Address (if different): _____
Name: _____ DOB: _____ SSN# _____
Address (if different): _____

**Add additional children on a separate sheet*

Personal Representative of Estate

(Note: A personal Representative is the person(s) you name in your will that you want to be in charge of administering your estate (collecting your assets, paying your bills, distributing your assets to your named heirs).

Husband ←→ Wife

Alternate Personal Representative or Co-Personal Representatives of Estate:

_____ Relationship: _____

_____ Relationship: _____

Trustee(s) of Minor Children

Trustee or Co-Trustees for Minor Children under 18:

(Note: A Trustee is the person(s) you name in your will that you want to be in charge of managing funds they receive from your estate that are to be used solely for the health, education and welfare of your minor children.)

_____ Relationship: _____

_____ Relationship: _____

Alternate Trustee or Co-Trustee(s) for Minor Children under 18:

_____ Relationship: _____

_____ Relationship: _____

Guardian(s) of Minor Children

Guardian or Co-Guardians for Minor Children under 18:

(Note: A guardian is the person(s) you name in your will that you want to be in charge of raising your minor children. It is your guardian's duty and responsibility to provide for your childrens health, education and welfare.

_____ Relationship: _____

_____ Relationship: _____

Alternate Guardian or Co-Guardian(s) for Minor Children under 18:

_____ Relationship: _____

_____ Relationship: _____

Distribution of Estate

(Note: Please complete this section only if you have special instructions for distribution. Otherwise we will prepare standard Wills, leaving all property to the surviving spouse, and in the event of both deaths, to all children in equal shares. If you have no children, you may want to name a contingent beneficiary or beneficiaries below. Use an additional sheet if necessary.

Briefly describe how you want your estate distributed and who you want it distributed to:

ADVANCE DIRECTIVES*

**Advance Directives include the appointment of Health Care Representative, Durable General Power of Attorney, and a Living Will Document.*

Health Care Representative:

Husband \longleftrightarrow Wife

Alternate Health Care Representative or Co-Health Care Representatives (*circle choice*):

_____ Relationship: _____

_____ Relationship: _____

Durable General Power of Attorney:

Husband \longleftrightarrow Wife

Alternate Durable General Power of Attorney or Co-Attorneys (*circle choice*):

_____ Relationship: _____

_____ Relationship: _____

Mail your completed form to:

WARD & WARD
728 South Meridian Street
Indianapolis, IN 46225

Email your completed form to dcs@wardlawfirm.com

-or-

FAX your completed form to: (317) 637-1919