

**WARD & WARD**

**ATTORNEYS**

728 South Meridian Street

Indianapolis, IN 46225

**www.wardlawfirm.com**

**WILL INFORMATION FORM**

*(Married Clients)*

**Your Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cellular Tel: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (Last 4 digits): XXX-XX-\_\_\_\_

**Husband/Wife Information:**

Spouse's Name: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Cellular Tel: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (Last 4 digits): XXX-XX-\_\_\_\_

**Children's Names and Addresses:\***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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 children's 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 LAW FIRM**  
728 South Meridian Street  
Indianapolis, IN 46225

-or-

*Email your completed form to [dc@wardlawfirm.com](mailto:dc@wardlawfirm.com)*

-or-

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