

WARD & WARD

ATTORNEYS

728 South Meridian Street
Indianapolis, IN 46225

www.wardlawfirm.com

WILL INFORMATION FORM

(Single Clients)

Personal Information:

Name: _____ Email: _____
Address: _____ City: _____ St: _____ Zip: _____
County: _____
Home Tel: _____ Work Tel: _____
Cellular Tel: _____
Date of Birth: _____ SSN (Last 4 digits): XXX-XX- _____

Children's Names and Addresses: *(if applicable)*

Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____

Personal Representative or Co-Personal Representatives 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, i.e. collecting your assets, paying your bills, distributing your assets to your named heirs).

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

Alternate Personal Representative (s)

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

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.)

1st Choice: _____ Relationship: _____

Co-Trustee: _____ Relationship: _____
(If Applicable)

Alternate Trustee(s) for Minor Children under 18:

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

Guardian or Co-Guardians 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:

Briefly describe how you want your estate distributed and who you want it distributed to. Use additional sheet if necessary:

ADVANCE DIRECTIVES*

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

Health Care Representative (s)

Health Care Representative or Co-Health Care Representatives:

Representative _____ Relationship: _____

Co-Rep _____ Relationship: _____
(If Applicable)

Alternate Health Care Representative or Co-Health Care Representative(s):

Alternate _____ Relationship: _____

Co-Rep Alternate _____ Relationship: _____
(If Applicable)

Durable General Power of Attorney(s)

Durable General Power of Attorney or Co-Attorneys:

Power of Attorney _____ Relationship: _____

Co-Attorney _____ Relationship: _____
(If Applicable)

Alternate Durable General Power of Attorney or Co-Attorney(s):

Alternate _____ Relationship: _____

Co-Alternate _____ Relationship: _____
(If Applicable)

Mail your completed form to:

**Ward & Ward Law Firm
728 South Meridian Street
Indianapolis, IN 46225**

-or-

Email your completed form to dcs@wardlawfirm.com

-or-

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