

WILL
- CHECKLIST -

Power of Attorney required:

YES/NO

Representation Agreement required:

YES/NO

Your Full Legal Name:

Also Known As:

Home Address:

Telephone:

Email:

Date of Birth:

Place of Birth:

Occupation:

Marital Status:

Name of Partner:

Date of Birth:

Place of Birth:

Children:

Names of children from this relationship:

Names of children from previous relationships:

Predeceased Children:

Beneficiaries:

Other Intended Beneficiaries:
(names, addresses, relationship)

Executors:

Primary Executor:
(name, address, relationship)

Alternative Executor:
(name, address, relationship)

Another Alternative Executor:
(name, address, relationship)

Guardians:

Primary Guardian:
(name, address, relationship)

Alternate Guardian:
(name, address, relationship)

Another Alternative Guardian:
(name, address, relationship)

Assets and Liabilities:

Assets:

Real Estate: _____

Business/Company: _____

Insurance: _____

Other: _____

Liabilities:

Mortgages: _____

Does anyone owe you
money? _____

Other: _____

Funeral Arrangements: _____

Location of the Will: _____

General Remarks: _____

