

The Law Offices of Shelly B. West

One Meadows Building
5005 Greenville Ave, Suite 200
Dallas, Texas 75206

214-373-9292

www.edallasattorney.com

WILL INFORMATION SHEET

Date: _____
Full Name: _____
Address: _____
Phone: W: _____ H: _____ Cell: _____
Email: _____
Spouse Full Name: _____

<u>Children(s) Full Name:</u>	<u>City of Residence (if not with you):</u>
_____	_____
_____	_____
_____	_____
_____	_____

Do you have a Will? (Please circle one): YES NO **If so, how old is it?:** _____

Executor Name:	City of Residence:
_____	_____

Alternate:	City of Residence:
_____	_____

Guardian for Minor Children:	City of Residence:
_____	_____

Alternate:	City of Residence:
_____	_____

Do you need a Trust for minor children? (Please circle one): YES NO

If so, at what adult age would your children receive their inheritance?: _____

Total Estimated Value of your estate: _____

How do you want your estate distributed?: _____

Do you have an opinion about cremation? (Please circle one): FOR AGAINST

