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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

Other Possible Documents:

Do you have or need a Directive to Physicians?: _____

Do you have or need a Power of Attorney for healthcare?: _____

Do you have or need a Statutory Durable Power of Attorney?: _____

Do you have or need a Choice of Guardian in case of need for an adult?: _____

Please state your other concerns, if any: _____
