

WILL CHECK LIST

TESTATOR NAME

Date _____

(His) _____ (Her) _____

Phone Numbers: (Home) _____ (Work) _____

Fee: _____

(Cell) _____ (Fax) _____

Address: _____

Will(His) _____

Will(Hers) _____

Real Property:

DPOA(His) _____

(1) _____

DPOA(Hers) _____

(2) _____

Specific Bequests of Personal Property _____

Filing Fee (His) _____

Filing Fee (Hers) _____

HCPOA(His) _____

HCPOA(Hers) _____

Stocks, Bonds, Notes, Bank Accounts Cash: _____

Total _____

Adjustments _____

Total _____

Heirs: (His)

(Hers)

Name _____ Name _____

Address _____ Address _____

Name _____ Name _____

Address _____ Address _____

Name _____ Name _____

Address _____ Address _____

Beneficiaries:

Name: _____ Name _____

Address: _____ Address: _____

Name _____ Name _____

Address _____ Address _____

Name _____ Name _____

Address _____ Address _____

Personal Representative: (His)

(Hers)

1st Name _____ Name _____

Address _____ Address _____

2nd Name _____ Name _____

Address _____ Address _____

3rd Name _____ Name _____

Address _____ Address _____

Guardian:

1st Name _____ Name _____

Address _____ Address _____

2nd Name _____ Name _____

Address _____ Address _____

Trustee:

1st Name _____ Name _____

Address _____ Address _____

2nd Name _____ Name _____

Address _____ Address _____

POA (His) _____ (Hers) _____

Address _____ Address _____

Health Care POA _____

Address _____ Address _____

Living Will _____

Any additional information: _____
