Former	Client	ſ	

## WILL CHECK LIST

Client	Internal N	Jo
Chent	internari	Y().

TESTATOR NAME	Date	·
(His)	(Her)	
Phone Numbers: (Home)	(Work)	Fee:
(Cell)	(Fax)	
Address:		337;11(X.X. )
Real Property:		DPOA(His)
(1)		DPOA(Hers)
Specific Bequests of Personal Prop	erty	Filing Fee (Hers)
*	J	HCPOA(His)
		HCPOA(Hers)
Stocks, Bonds, Notes, Bank Accoun	its Cash:	rici OA(rieis)
, , ,		Total
		Adjustments
		Total
Heirs: (His)	(Hers)	total
Name		
Address	NameAddress	
Name	Name	
Address	NameAddress	<del></del>
Name		<del></del>
Address	NameAddress	
Beneficiaries:	- Addi ess	<u> </u>
Name:	Name	
Address:		<u> </u>
Nama		<u></u>
Address	NameName	<del></del>
Name	Address Name	
Address	Name Address	
Personal Representative: (His)	(Hers)	
1 <sup>st</sup> . Name		
Address		<del></del>
2 <sup>nd</sup> Name		
Address	Address	<del></del> :
3 <sup>rd</sup> Name	**	
Address		
Guardian:	Addi oss	·
I <sup>st</sup> Name	Name	
Address		
2 <sup>nd</sup> Name	Name	
Address	NameAddress	<del></del>
<u>Crustee:</u>	12441 000	
Name	Name	
Address	NameName	<del></del>
Name	AddressName	<del></del>
Address	NameAddress	
	Audi css	
POA (His)	(Hors)	
	(Hers)	
Address	Audiess	
Health Care POA	Address	•
Living Will	Address	· · · · · · · · · · · · · · · · · · ·
Living Will		
ny additional information.		
sny additional hitormation:		
e.		