

WILL APPLICATION

1. PERSONAL INFORMATION

Your Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: Month _____ Day _____ Year _____

Daytime Phone: (____) _____ - _____

Spouse Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: Month _____ Day _____ Year _____

Daytime Phone: (____) _____ - _____

Home Address (street): _____

City: _____ County _____ State: _____ Zip Code: _____

2. REAL PROPERTY (PLEASE PROVIDE COPY OF DEEDS)

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

Property Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Market Value: \$ _____ Mortgages: \$ _____ Equity: \$ _____

TOTAL NET VALUE OF ALL REAL PROPERTY: \$ _____

3. BANK ACCOUNTS

Name of Bank: _____ Account No. _____

Type of Account: _____ Balance \$ _____

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Type of Account: _____ Balance \$ _____

Name of Bank: _____ Account No. _____
Type of Account: _____ Balance \$ _____

TOTAL IN BANK ACCOUNTS:\$ _____

4. STOCKS, BONDS, MUTUAL FUNDS, ANNUITIES & NOTES

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

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Type of Security: _____ Balance \$ _____

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Type of Security: _____ Balance \$ _____

Name of Security: _____ Account Number _____
Type of Security: _____ Balance \$ _____

TOTAL IN SECURITIES: \$ _____

5. IRA, PENSION OR PROFIT SHARING ACCOUNTS

Name of Account: _____
Trustee: _____
Type of Account: _____ Balance:\$ _____

Name of Account: _____
Trustee: _____
Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____
Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____
Type of Account: _____ Balance:\$ _____

Name of Account: _____

Trustee: _____
Type of Account: _____ Balance:\$ _____

TOTAL IN RETIREMENT ACCOUNTS:\$ _____

6. OWNERSHIP OF BUSINESS

Describe Partnerships, Corporations or Sole
Proprietorships you own (Note S-Corps):

	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL IN BUSINESS INTERESTS:\$ _____

7. LIFE INSURANCE/LONG TERM CARE INSURANCE

Owner: _____ Account Number: _____
Insured: _____ Beneficiary: _____
Amount:\$ _____

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Insured: _____ Beneficiary: _____
Amount:\$ _____

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Insured: _____ Beneficiary: _____
Amount:\$ _____

Owner: _____ Account Number: _____
Insured: _____ Beneficiary: _____
Amount:\$ _____

TOTAL VALUE OF LIFE INSURANCE: \$ _____

8. PERSONAL PROPERTY/MISC.

Description	Value	Loan	Equity

Approximate Value of Other Misc. \$

9. TOTAL ESTIMATED COMBINED GROSS ESTATE

Total of all property plus insurance: \$ _____

10. PERSONAL REPRESENTATIVE

 Check here if you (and your Spouse, if you are married) will be the initial personal representatives (executors) under your Will(s).

If you (and your Spouse, if you are married) do not want to be the initial Personal Representative(s), then designate below your choice of the initial Personal Representative(s).

11. ALTERNATE PERSONAL REPRESENTATIVES

Alternate Personal Representatives are responsible for management of the estate assets if the primary PR is unwilling or unable to serve. If you wish to designate an alternate PR, please indicate below.

First Alternate PR:
Address:
Second Alternate PR:
Address:

12. SPECIFIC GIFTS

Name	Item, Amount or percentage
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Specific Gifts are distributed first, then the beneficiaries divide the remainder.

13. BENEFICIARIES

_____ Check here if you want all your children to share equally in the remainder of your trust estate.

Name

Percentage or Fraction

If you want your beneficiaries to receive delayed distributions based on their age, provide your instructions below.

14. DELAYED DISTRIBUTIONS

Name of Beneficiary	Age	%	Age	%	Age	%
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_____ Check here if Age & Percentage instructions on this row apply to all beneficiaries. If not, then list beneficiaries below.

<u>Example: David Jones</u>	<u>25</u>	<u>1/3</u>	<u>30</u>	<u>1/3</u>	<u>35</u>	<u>1/3</u>
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15. TRUSTEE

If you wish to create a testamentary trust for the benefit of a minor child, elderly person or disabled person, please list the name and address of the person you wish to nominate as trustee below:

16. DURABLE POWER OF ATTORNEY/HEALTH CARE POWER OF ATTORNEY

A Power of Attorney gives the individual you name the ability to act on your behalf without your signature. It is convenient if you are disabled for the person you name to be able to handle financial affairs OR assist with health care decisions. Most people want their spouse (if married) and/or their Successor Trustees to be named in their Powers of Attorney.

_____ Check here if you want the person with your Power of Attorney to be the same as the Personal Representative you have already named, OR list the names and addresses below:

Primary Attorney In Fact:
Address:

Secondary Attorney In Fact:
Address:

17. LIVING WILL PROXY

The Living Will Proxy is the person you designate to give instructions to your Doctors regarding your health care, if you are unable to speak for yourself.

_____ Check here if you want the persons with your Living Will Proxy to be the same as the Personal Representative(s) you have already named, or list below:

Living Will Proxy:
Address:

18. DESIGNATED GUARDIAN

A Designation of Guardian is your choice for Guardian should one need to be appointed to provide for your welfare. In most cases no Guardianship is needed.

_____ Check here if you want your Designated Guardian to be the same as the Personal Representative(s) you have already named, or list below:

Primary Guardian:
Address:
Alternate Guardian:
Address:

19. CHILDREN'S GUARDIANS

If you have minor or dependent children, you may designate your preference for their guardians.

Primary Guardians:

Address:

Relationship to Child:

Backup Guardians:

Address:

Relationship to Child:

20. OTHER INSTRUCTIONS

Please list any other instructions that you want to communicate to your Personal Representative.