WILL & POWER OF ATTORNEY WORKSHEET

	ndate: SS#
(first, middle initial, last)	1. (60)
Spouse Birth (first, middle initial, last)	ndate:/ SS#
Address City/	State/ZIP
Christian Preamble choice (see last page): Husban	d number Wife number
Children	
1 st child Birthdate (first, middle initial, last)	e:/ SS#
Address City/Stat	e/ZIP
•	
2 nd child Birthdat (first, middle initial, last)	e:/SS#
Address City/Stat	ee/ZIP
3 rd child Birthdate	e: / / SS#
(first, middle initial, last)	
Address City/Sta	te/ZIP
Additional children:	
	1 77710
Husband Personal Representative:	Wife Personal Representative:
Name:	Name:
City/State:	City/State:
Alternate Personal Representative:	Alternate Personal Representative:
Name:	Name:
City/State:	City/State:
Guardian:	Guardian:
Name:	Name:
City/State:	City/State:
Alternate Guardian:	Alternate Guardian:
Name:	Name:
City/State:	City/State:
Trustee:	Trustee:
Name: City/State:	Name: City/State:
Alternate Trustee:	A 14 4 - 17 4
Name:	Alternate Trustee: Name:
Name:	