

Will Data Entry Form

Testator Name:

Enter Name [e.g. Bor S Smith]

Street Address, City, State and ZIP [and County]:

Full Mailing Address [e.g. 123 Main, Calo, OR 45344 - include

Spouse Name [or Marital Status - Div, Widow, etc]:

Spouse Name [e.g. Ana U Smith, if none, enter 'none']

Number of Children:

How many children do you have - 0 - 10

Children Names [Full Names]:

Names of all children [e.g. Ralph D Smith, Ann Y Smith - if no

Phone:

Enter Phone Number [e.g. 6168871234]

Email Address:

Enter Email Address [e.g. drc@cooper.cc]

**Primary Beneficiaries [Who gets your stuff] - then
Alternate Beneficiaries:**

All to spouse? - Explain

**Do you have a Trust or a Will?- [Y or N] If not, Who will
be your Personal Representatives?**

Who handles your affairs - at your death - after spouse

Submit