

# PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Spouse: \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Spouse: \_\_\_\_\_

Armed Forces Service No.: \_\_\_\_\_

Date and Location of Discharge: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Widowed: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Separation Agreement/Divorce Decree: \_\_\_\_\_

Remarried? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Children:

Name	Address	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## WILL

Location of Original Last Will: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Codicil Completed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Location: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Location of Any Documents Mentioned in Will: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_