

**ANTKOVIK & ANTKOVIK, P.C.**  

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**LAST WILL AND TESTAMENT WORKSHEET**

**PERSONAL INFORMATION:**

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

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Marital Status: \_\_\_\_\_

**IDENTIFICATION OF HEIRS:**

Spouse:

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

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

Date of Birth: \_\_\_\_\_

Children: (Please attach an additional sheet if needed)

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

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

Date of Birth: \_\_\_\_\_

Any Other Devises: (Please attach an additional sheet if needed)

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

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

(Optional) Date of Birth: \_\_\_\_\_

**PERSONAL REPRESENTATIVE:**

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

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

Relationship to the author of the Will: \_\_\_\_\_

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Alternate or  
Co-Personal Representative: \_\_\_\_\_

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

Relationship to the author of the Will: \_\_\_\_\_

**GUARDIAN & CONSERVATOR:** (For any minor children of the author of the Will)

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

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

Relationship to the author of the Will: \_\_\_\_\_

Alternate Guardian/Conservator: \_\_\_\_\_

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

Relationship to the author of the Will: \_\_\_\_\_

Do you wish to have Trust provisions for minor children? \_\_\_\_\_

**SPECIAL REQUESTS:**

Do you wish to be cremated? \_\_\_\_\_

Additional Special Requests:

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