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Last Will and Testament Information

Full Legal Name & Address of Testator: _____

Spouses Legal Name: _____

Children's Legal Names and Dates of Birth:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Name and Address of Executor (individual responsible to ensure settlement of your estate)

1. First Choice: _____

2. Second Choice: _____

3. Third Choice: _____

Please list your intent of how your property will be devised upon your death:

If assets will be left to your children or any other individual who is a minor, what age will assets be held in trust for the minor? _____

Please list full name and address for the Trustee (the individual responsible for taking care of the money held in trust for a minor and distributing the money in the best interest of the minor child):

1. First Choice _____

2. Second Choice: _____

3. Third Choice: _____

Please list full name and address for a Guardian of your children:

1. First Choice: _____

2. Second Choice: _____

3. Third Choice: _____

If you, your spouse and the children die together, please list full name and address of who you will leave your assets to (ie: parents or siblings)

Living Will

Do you want any life support, Artificial respiration, cardiopulmonary resuscitation and artificial means of providing nutrition and hydration? _____.

If so, which life support do you want administered? _____.

Health Care Directive – person responsible for making health care decisions on your behalf?

First Choice: _____

Second Choice: _____

Third Choice: _____

Conservator- person responsible for taking care of your affairs if you are incapacitated?

First Choice: _____

Second Choice: _____

Third Choice: _____