

**LAW OFFICE OF JANIS RICHARDSON HALL**

606 Pettigru Street, Greenville, SC 29601

Office: 864-370-0882 Fax: 864-370-9535

**LAST WILL AND TESTAMENT CHECKLIST**

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

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

\_\_\_\_\_ County: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

Personal Representative's Name and Address (Person who will manage your affairs after you have passed on): \_\_\_\_\_

\_\_\_\_\_

Alternate Personal Representative's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Testamentary Guardian(s) of Minor Children Name and Address (Person who will have custody and control of minor children, if applicable): \_\_\_\_\_

\_\_\_\_\_

Alternate Testamentary Guardian(s) of Minor Children Name and Address: \_\_\_\_\_

\_\_\_\_\_

Trustee for Minor Children Name and Address (Person who will manage funds/property for your devisee):

\_\_\_\_\_

\_\_\_\_\_

Alternate Trustee for Minor Children Name and Address: \_\_\_\_\_

\_\_\_\_\_

Devisee Name, Relation, and Date of Birth (Person who will receive property if all goes to one person):

\_\_\_\_\_

Alternate Devisee Name, Relation, and Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Additional Devisee Names, Relation, and Property Bequeathed (Person who you may designate to receive specific property):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Do you have a Power of Attorney (General)? \_\_\_\_\_

Do you have a Power of Attorney (Healthcare)? \_\_\_\_\_