

VANDENACK WEAVER LLC

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SIMPLE WILL PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a VW attorney regarding establishing a simple will.

Prior to submitting information via this form, please review our web site terms and conditions which you can find at www.vwattys.com. By submitting information via this form, you acknowledge that you have read and agree to our web site terms and conditions. If you would like information about how to submit this form to us in a secure manner, please contact us at info@vwattys.com.

Note: If you need more space to complete the below questions, please feel free to attach additional sheets.

Testator/Testatrix Full Legal Name (person for whom will is being created):

Testator/Testatrix Gender: _____

Testator/Testatrix Email Address: _____

Testator/Testatrix Mailing Address: _____

Testator/Testatrix City of Residence: _____

Testator/Testatrix State of Residence: _____

Testator/Testatrix Zip Code: _____

Testator/Testatrix County of Residence: _____

Primary Phone Number: _____ Cell Home Work

Secondary Phone Number: _____ Cell Home Work

Spouse's Name, if any: _____

Spouse's Gender: _____

Spouse's City of Residence: _____

Spouse's County of Residence: _____

Spouse's State of Residence: _____

Names of Testator/Testatrix's Children:

Date of Birth:

Gender:

Additional Notes regarding children's disabilities, adoption, assisted reproduction, etc.:

Who do you want to name as your Personal Representative and what is their relationship to you: _____,

Who is your second choice as Personal Representative and what is their relationship to you:

Describe the desired distribution of your assets:

If you have minor or disabled children, who do you want to name as Guardian of your children and what is their relationship to you: _____,

Do you have a second choice as Guardian and, if yes, identify who and their relationship to you: _____,

After this document has been completed, please email it to info@vwattys.com or fax it to (402) 504-1935.