

# LAST WILL AND TESTAMENT WORKSHEET

Please Mail, Email or Fax worksheet back to:

## **The Burdette Law Firm, P.C.**

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**Please contact this office with any questions.**

**Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**County of Residence:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**Spouses Full Name (if deceased what is date of death):** \_\_\_\_\_

**Children's Full Names And Ages:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Representative:** \_\_\_\_\_

(Person that will handle the affairs of your Estate when you are deceased)

**Successor Personal Representative::** \_\_\_\_\_

(In the event that the first named Personal Representative cannot fulfill duties)

**Guardian:** \_\_\_\_\_

(To take possession of your minor children, if both parents are deceased)

**Successor Guardian:** \_\_\_\_\_

(In the event Guardian cannot fulfill duties)

**Conservator:** \_\_\_\_\_

(To take possession of funds for minor children if both parents are deceased)

**Successor Conservator:** \_\_\_\_\_

(In the event Conservator cannot fulfill duties)

**Property Disposition:** \_\_\_\_\_

(Upon your death, who will be the beneficiary/ies of your Estate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous:** \_\_\_\_\_

\_\_\_\_\_