

# HIXSON LAW FIRM

## Will Information Sheet

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

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Marital Status (*circle*): Married Single Divorced Separated

Spouse's Name (*If Applicable*): \_\_\_\_\_

Children's Names (*If Applicable*)

Date of Birth (*DOB*)

_____	_____
_____	_____
_____	_____
_____	_____

EXECUTOR: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Will*

ALTERNATE EXECUTOR: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Will if Executor cannot*

TRUSTEE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Assets*

ALTERNATE TRUSTEE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Assets if Trustee cannot*

GUARDIAN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Care of Dependents in Will*

ALTERNATE GUARDIAN: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATION: \_\_\_\_\_

*Administrates Care of Dependents in Will if Guardian cannot*

WHO YOU WANT YOUR PROPERTY TO GO TO:

NAME	RELATION	ITEM/PROPERTY

SPECIAL PROVISIONS:  
*That you want in your Will, for example – type of burial, etc.*

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OTHER INFORMATION OR REQUESTS:

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PLEASE RETURN THIS TO:

**Hixson Law Firm**  
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