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SIMPLE WILL PDF FILLABLE FORM

Please submit the following information to initiate a consultation with a PVWLaw 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.pvwlaw.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@pvwlaw.com.

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

Your Name: _____

Your Spouse’s Name, if any: _____

Your City of Residence: _____

Your County of Residence: _____

Your State of Residence: _____

Your Spouse’s City of Residence: _____

Your Spouse’s County of Residence: _____

Your Spouse’s State of Residence: _____

Your Children’s Names: _____

Do you want to include adopted children? Yes No

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

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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 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@pvwlaw.com or fax it to (402) 504-1935.

