

New Modification**WILL AND TRUST FILE FORM**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Salutation\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

Social Security # (Optional) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Marital Status\*  Married  Divorced  Widowed  Single Sex:\*  Male  FemaleAttorney \_\_\_\_\_  
*Last First***DOCUMENT LOCATION**

Will – Location of original \_\_\_\_\_

Trust – Location of Original \_\_\_\_\_

**WILL ATTRIBUTES****First Midwest Bank Capacity**  Executor  Co-Executor  Contingent Executor

Date of Will \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of latest Codicil \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Codicils \_\_\_\_\_

**UNFUNDED TRUST INFORMATION**First Midwest Bank Trustee  Trustee  Co-Trustee Successor Trustee to Spouse  Successor Trustee to Other

Date of Trust \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Latest Amendment \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Amendments \_\_\_\_\_

**TYPE OF TRUST** Marital  Residuary  Credit Shelter  GST Life Insurance  TUV  Charitable  Other**BENEFICIARY INFORMATION**Spouse Primary Beneficiary  Yes  No  N/ASchedule of Beneficiaries Available  Yes  No**ESTIMATED VALUES**

Estate Value \_\_\_\_\_ Trust Value \_\_\_\_\_

**POA INFORMATION**

POA Health \_\_\_\_\_ POA Property \_\_\_\_\_

Additional Comments \_\_\_\_\_

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