

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 INFORMATIONFirst 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 _____
