

WILL WORKSHEET

1. TESTATOR/TESTATRIX (YOUR FULL NAME - NO MIDDLE INITIALS)

NAME: _____ Male ____ Female ____

FIRST MIDDLE LAST (SR., JR., III, etc.)

ADDRESS: _____

STATE OF LEGAL RESIDENCE: _____ Last four of SSN _____

- a. Circle one: Active Duty Dependent Retired Reservist
- b. Are you now: Single (Never Married) Married Divorced Widowed
- Prior marriage? Yes No
- If yes, how many? _____

2. NAME OF SPOUSE(if applicable): _____

FIRST MIDDLE LAST

ADDRESS: _____

3. DO YOU HAVE ANY CHILDREN? Yes No

- a. Do you have any children from your present marriage? Yes No Number ____
- b. Do you have any children from a former marriage? Yes No Number ____
- c. Do you have any adopted children? Yes No Number ____
- d. Do you have any step-children? Yes No Number ____

e. List **Full Name** **Age** **Relationship** of your children
(son, daughter, step/adopted-son)

Do you want step children or adopted children treated equally with your natural children?

Yes No

4. DO WANT TO DISINHERIT ANY ONE? YES NO

NAME: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

5. PRIMARY EXECUTOR/EXECUTRIX (Individual that will administer your will and estate, and take your will through the probate court system),(Normally your spouse if you are married)

a. Do you want your **SPOUSE** to be your Primary Executor? Yes No

b. If you are not married or do not want your spouse to be your Primary Executor who do you want to be your Primary Executor?

NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

NAME of ALTERNATE: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

IF YOU DON'T HAVE MINOR CHILDREN, SKIP TO SECTION 8

6. GUARDIAN OR GUARDIAN(S) for your minor children (If your spouse predeceases you)

NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

NAME of ALTERNATE: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

7. APPOINTMENT OF TRUSTEE (Someone to hold property and assets for the benefit of a minor child or incapacitated individual)

NAME: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

NAME of ALTERNATE: _____
FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

a. At what age would you like a minor child to be able to take property outright? ____

8. PRIMARY BENEFICIARY (Person you want to receive your estate, normally your spouse if married or your children if you are not married).

a. Do you want your spouse to receive everything? YES NO

b. If your spouse is unavailable, do you want your children to receive everything?

YES NO

c. If no, who do you want to be your primary beneficiary for **real estate**?

NAME: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

d. If no, who do you want to be your primary beneficiary for **personal property**? (Cars, furniture, household goods, other tangible property)

NAME: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

e. If no, who do you want to be your primary beneficiary for your **residuary estate**? (The rest and remainder of your estate to include stocks, bonds, bank accounts, etc.)

NAME: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

9. ALTERNATE BENEFICIARY - If your primary beneficiary predecease you, then **indicate below who or what person or legal entity is to receive your estate**. Remember you can give to more than one person or legal entity (in shares). Use additional paper if you have more persons or legal entities to list.

NAME of 1st ALTERNATE: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

NAME of 2nd ALTERNATE: _____

FIRST MIDDLE LAST

RELATIONSHIP TO YOU: _____

PLEASE CHECK YOUR CHOICE IN THE FOLLOWING QUESTIONS

10. DECLARATION OF NATURAL DEATH/LIVING WILL: (THIS DOCUMENT IS SEPARATE FROM YOUR WILL) A Declaration of Natural Death/Living Will is a document that indicates you do **not** want to be kept alive on life support, if you are considered terminally ill.

Do you want a Declaration of Natural Death/Living Will? YES NO

11. DURABLE POWER OF ATTORNEY FOR HEALTH CARE PROVIDERS:

THIS DOCUMENT ALLOWS YOU TO APPOINT PERSON/PERSONS TO MAKE HEALTHCARE DECISIONS FOR YOU IF YOU ARE INCAPACITATED:

Do you want a Durable Power of Attorney for Health Care Providers? YES NO

If yes, who do you want to make health care decisions for you?

NAME _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

Do you have an alternate in the event the previous person listed cannot act? YES NO

If yes, who?

ALTERNATE:

NAME _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

12. GENERAL POWER OF ATTORNEY: YES NO

If yes, to who?

NAME _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

Do you have an alternate in the event the previous person listed cannot act? YES NO

If yes, who?

ALTERNATE:

NAME _____ RELATIONSHIP: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____

Should the Power of Attorney become effective only upon your incapacitation? YES NO

13. BURIAL INSTRUCTIONS:

a. ARE YOU AN ORGAN DONOR? YES NO

b. DO YOU WANT YOUR BODY TO BE CREMATED? YES NO

c. DO YOU WANT MILITARY HONORS? YES NO