

**WILL WORKSHEET**

*Please Print*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER Day \_\_\_\_\_ Evening \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No \_\_\_\_\_

Spouse \_\_\_\_\_ Former Spouse's Name \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Child Name \_\_\_\_\_ Date of \_\_\_\_\_

Address \_\_\_\_\_

Child Name \_\_\_\_\_ Date of \_\_\_\_\_

Address \_\_\_\_\_

Child Name \_\_\_\_\_ Date of \_\_\_\_\_

Address \_\_\_\_\_

Do you currently have a Last Will and Testament ? \_\_\_\_\_

**Administration of Estate**

The **Executor or Executrix** is the person who makes sure your Will is properly administered and handled in accordance with your wishes and State law. Select a person you trust to handle your financial affairs.

*First Choice:*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

*Alternate:*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number: Home ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )

Do you want to require a Bond for your Executor/Executrix? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you asked this person if he/she is willing to serve as your Executor/Executrix? \_\_\_\_\_ Yes \_\_\_\_\_ No

A **Guardian** is the person who will take care of your minor child/children if both parents die before your children reach 18 years of age.

*First Choice:*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No ( \_\_\_\_\_ ) \_\_\_\_\_

*Alternate:*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No ( \_\_\_\_\_ ) \_\_\_\_\_

Have you asked this person if he or she is willing to serve as Guardian of your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

At what age would you want your children to receive your bequest for them?

18 \_\_\_\_\_ 21 \_\_\_\_\_ 25 \_\_\_\_\_ Other \_\_\_\_\_

Do you want to provide for your children's education beyond high school? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Distribution of your Estate**

Who do you want to receive your (entire) estate?

Do you want Reciprocal Wills for Husband and Wife? (husband leaves all to wife; wife leaves all to husband)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want equal distribution among your children? ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you wish to make specific bequests of personal property such as:

Jewelry \_\_\_\_\_  
Family heirlooms \_\_\_\_\_  
Car/boat \_\_\_\_\_  
Stocks \_\_\_\_\_  
Other \_\_\_\_\_

Do you wish to make specific bequests to:

Church \_\_\_\_\_  
School \_\_\_\_\_  
Charity \_\_\_\_\_  
Other people or institutions \_\_\_\_\_

If all of your immediate family predeceases you, how do you want your estate distributed?

Brothers/Sisters \_\_\_\_\_  
Parents/Parents-in-Law \_\_\_\_\_  
Grandchildren \_\_\_\_\_  
Friends \_\_\_\_\_  
Other Relatives \_\_\_\_\_

Do you wish to have a **Living Will**?

A **Living Will** is a document that allows you to direct the medical care you would receive if you were to become terminally ill and unable to make your wishes known or become permanently unconscious. If you should be terminally ill and unable to tell your physician or family what you want done, by having completed a **Living Will** you could make certain that your wishes would be followed regarding the medical care you receive.

If you would like a **Living Will** prepared, please provide the following:

First person to be contacted:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (\_\_\_\_\_) \_\_\_\_\_

Second person to be contacted:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (\_\_\_\_\_) \_\_\_\_\_

Do you wish to have a **Durable Power of Attorney for Health Care**?

The **Durable Power of Attorney for Health Care** names a person to act as your attorney-in-fact to make health care decisions for you if you become unable to make them for yourself. This person has the power to authorize and refuse medical treatment for you. The power is not limited to situations in which you are terminally ill or permanently unconscious, but generally includes all medical treatment decisions. However, this power is only effective if you are not competent or able to make health care decisions for yourself.

This **Durable Power of Attorney for Health Care** goes into effect when your attending physician is told about it. It is not necessary to go through any court procedure.

If you would like a **Durable Power of Attorney for Health Care**, please provide the following information:

Designate the Attorney in Fact

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (\_\_\_\_\_) \_\_\_\_\_

First Alternate:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (\_\_\_\_\_) \_\_\_\_\_

Second Alternate:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No (\_\_\_\_\_) \_\_\_\_\_