WILL WORKSHEET

Your Legal Name (first, middle, last):_____

Maiden Name (if applicable): _____

Mailing Address:_____

_____

(City) (State) (Zip) (Parish)

Email Address:_____

Telephone Number:_____

Date of Birth:_____

Marital Status: Single/Married/Divorced/Widowed/or Domestic Partner

If married, please list spouse's name:_____

Should we be aware of any impairments that affect your ability to read, and/or sign your documents? Yes or No

If so, what is the nature of the impairment?

_____

PART I. MARRIAGES:

First Marriage legal name of spouse: _____

How did the marriage end? ☐ Divorce ☐ Death Date marriage ended: _____

Of this marriage, how many children were born? _____

Please list Legal Names of children:

Child 1:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death: _____ Alive or deceased:

Child 2:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death:_____ Alive or Deceased:

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Child 3:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Child 4:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Child 5:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Second Marriage legal name of spouse: _____

How did the marriage end? ☐ Divorce ☐ Death Date marriage ended:_____

Of this marriage, how many children were born? _____

Please list Legal Names of children:

Child 1:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death:_____ Alive or Deceased:

Child 2:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death:_____ Alive or Deceased:

Child 3:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Child 4:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

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Child 5:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Third Marriage legal name of spouse: _____

How did the marriage end? Divorce or Death: Date marriage ended:_____

Of this marriage, how many children were born? _____

Please list Legal Names of children:

Child 1:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death:_____ Alive or Deceased:

Child 2:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death:_____ Alive or Deceased:

Child 3:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Child 4:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

Child 5:_____ Adopted: Yes or No

Date of Birth: _____ Disabled: Yes or No

If deceased, please list date of death_____ Alive or Deceased:

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PART II. PERSONAL ITEMS

Are there any personal items you wish to give to certain individuals? If so, list the item and the full legal name of the person to receive said item:

Name of first (1st) beneficiary: _____

Personal item(s) you wish to give: _____

_____

_____

Name of second (2nd) beneficiary: _____

Personal item(s) you wish to give: _____

_____

_____

Name of third (3rd) beneficiary: _____

Personal item(s) you wish to give: _____

_____

_____

Name of forth (4th) beneficiary: _____

Personal item(s) you wish to give: _____

_____

_____

If there are no personal items you wish to give to certain individuals, please give a brief summary of how you would like your property to be distributed at your death. If, for instance, you wish all of your property to go to your children equally, state "All of my children, in equal portions" or if you want your spouse to have all bank accounts and your children to have all land, state "all bank accounts to my spouse" and "all land to children":

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

PART III. ALTERNATE BENEFICIARIES

Who would you like to name as alternate beneficiaries, in the event one of the beneficiaries you named in Part II predeceases you? (Please include full, legal name)

Name of Alternate in the event the first (1st) beneficiary predeceases you:

_____ Phone: _____

Name of Alternate in the event the second (2nd) beneficiary predeceases you:

_____ _____Phone: _____

Name of Alternate in the event the third (3rd) beneficiary predeceases you:

_____ Phone: _____

Name of Alternate in the event the fourth (4th) beneficiary predeceases you:

_____ Phone: _____

PART IV. EXECUTOR

Who would you like to name as the Executor of your Will? (This is the person that will handle the probate of your will and make sure your wishes are followed)

(1st Choice) Executor: _____

Address: _____

Parish/County:_____ Phone: _____

(2nd Choice) Alternate Executor: _____

Address: _____

Parish/County:_____ Phone: _____

Would you like a copy of your will draft to be emailed or mailed to you?

Emailed or Mailed:

How did you hear about us?_____

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