

WILL WORKSHEET

I.

Personal Information:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Address: _____

Parish / County: _____ Date of Birth: _____

Home Phone No: _____ Cell Phone No: _____

Social Security No: **(required)** _____

Email Address: _____

Marital Status: Single Married Divorced Widow(er) Domestic Partner

If married, Date of Marriage: _____

Employed: Yes No Occupation: _____

Spouse Information:

First Name: _____ Middle Name: _____

Maiden Name: _____ Last Name: _____

Home Phone No: _____ Cell Phone No: _____

Social Security No: **(required)** _____ Date of Birth: _____

Email Address: _____

Employed: Yes No Occupation: _____

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

If so, what is the nature of the impairment? _____

Previous Marriage(s): How did previous marriage(s) end? (State date, year, and place):

1. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

2. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

3. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

4. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

SPOUSE's Previous Marriage(s): How did previous marriage(s) end? (State date, year, and place):

1. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

2. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

3. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

4. Name: _____ Date of Marriage: _____
(first, middle, maiden, last)

Ended: Divorce / Death Date Ended: _____ Parish/County State or City, State

Children (complete below and state first, middle, maiden and last name):

1. Name: _____
Address: _____
Parish / County: _____ Date of Birth: _____
Home Phone No: _____ Cell Phone No: _____
Social Security No: _____ Gender: _____
Adopted: yes no If yes, date: _____ Relationship: _____
Disabled: yes no If yes, type of disability: _____

2. Name: _____
Address: _____
Parish / County: _____ Date of Birth: _____
Home Phone No: _____ Cell Phone No: _____
Social Security No: _____ Gender: _____
Adopted: yes no If yes, date: _____ Relationship: _____
Disabled: yes no if yes, type of disability: _____

3. Name: _____
Address: _____
Parish / County: _____ Date of Birth: _____
Home Phone No: _____ Cell Phone No: _____
Social Security No: _____ Gender: _____
Adopted: yes no If yes, date: _____ Relationship: _____
Disabled: yes no if yes, type of disability: _____

Children Cont. complete below and state full legal names including maiden name:

4. Name: _____
Address: _____
Parish / County: _____ Date of Birth: _____
Home Phone No: _____ Cell Phone No: _____
Social Security No: _____ Gender: _____
Adopted: yes no If yes, date: _____ Relationship: _____
Disabled: yes no if yes, type of disability: _____

5. Name: _____
Address: _____
Parish / County: _____ Date of Birth: _____
Home Phone No: _____ Cell Phone No: _____
Social Security No: _____ Gender: _____
Adopted: yes no If yes, date: _____ Relationship: _____
Disabled: yes no if yes, type of disability: _____

II.

Guardianship for children under 18, who would you like to name as the guardian(s) for your minor children?

1. First Name: _____ Middle Name: _____
Maiden Name: _____ Last Name: _____
Relationship to child: _____

2. First Name: _____ Middle Name: _____
Maiden Name: _____ Last Name: _____
Relationship to child: _____

III.

Are there any personal items which you wish to be left to any individual? If so, list the item and the full name of the person to receive said item: _____

IV.

If there are not individual items you wish to give to any individual person, please give a brief summary of how you would like your property to be disposed of at your death. If, for instance, you wish all of your property to go to your children, simply say so and state the **full legal names (including maiden)** of the people you wish to receive, and in what portion.

V.

Alternate Beneficiaries: Who would you like to name as alternate beneficiaries in the event that any of the beneficiaries you have named predecease you?
(full legal name, including maiden)

1. Name: _____

Address: _____

Parish / County: _____ Home / Cell: _____

Date of Birth: _____ Social Security No: _____

2. Name: _____

Address: _____

Parish / County: _____ Home / Cell: _____

Date of Birth: _____ Social Security No: _____

3. Name: _____

Address: _____

Parish / County: _____ Home / Cell: _____

Date of Birth: _____ Social Security No: _____

4. Name: _____

Address: _____

Parish / County: _____ Home / Cell: _____

Date of Birth: _____ Social Security No: _____

VI.

Executor - State the person or persons you would like to name as executor of your Will. List your first choice and an alternate:

1st Choice: _____
(first, middle, **maiden**, last)

Address: _____

Parish / County: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____

Relationship: _____

2nd Choice: _____
(first, middle, **maiden**, last)

Address: _____

Parish / County: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____

Relationship: _____

SPOUSE's Executor – choices of the person or persons they would like to name as executor of their Will. List their first choice and an alternate:

1st Choice: _____
(first, middle, **maiden**, last)

Address: _____

Parish / County: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____

Relationship: _____

2nd Choice: _____
(first, middle, **maiden**, last)

Address: _____

Parish / County: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____

Relationship: _____

Estimated Net Worth: (needed for tax planning) \$ _____

Would you like copies of your draft(s) emailed to you, mailed to you, or both?

Emailed Mailed Both

Email Address: _____