

**WILL PREPARATION FORM**

**FULL NAME** (include any other name by which you have been known):

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS:**

**PHONE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPOUSE** (include any other name by which he/she has been known; indicate if deceased and date)

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN** (with ages and address and grandchildren with ages on additional lines "(i)"; indicate if deceased and date)

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(i) \_\_\_\_\_

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iv) \_\_\_\_\_

(iv) \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(i) \_\_\_\_\_

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iv) \_\_\_\_\_

(iv) \_\_\_\_\_

**BROTHERS AND SISTERS** (indicate if deceased)

OF YOURSELF

OF SPOUSE (if not deceased)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS** (indicate if deceased, provide address if living)

OF YOURSELF

OF SPOUSE

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER BENEFICIARIES** (if you wish someone other than a child or grandchild to share in your estate, list here with address)

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXECUTOR OR EXECUTRIX** (provide first (usually spouse) & second choice - with address)

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TRUSTEE** (provide first & second choice with address)

A. _____	B. _____
_____	_____
_____	_____

**GUARDIAN** (provide first & second choice with address)

A. _____	B. _____
_____	_____
_____	_____

**SPECIFIC BEQUESTS** (list recipient, his or her address and item(s) they are to receive)

A. _____	B. _____
_____	_____
_____	_____

**GIFTS TO CHARITY** (list charity and address, or charitable purpose, i.e., medical research, and amount of bequest)

A. _____	B. _____
_____	_____
_____	_____

**HEALTH CARE AGENT** (provide first (usually spouse) & second choice - with address)

Self:

A. _____	B. _____
_____	_____
_____	_____

Spouse:

A. _____	B. _____
_____	_____
_____	_____

**ATTORNEY IN FACT** (typically spouse with an alternate include address)

Self:

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse:

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_