



WILL PACKAGE

By completing this workbook, you are providing the necessary information so that we may prepare a will on your behalf, along with the financial power of attorney and medical directive.

Name _____ MALE FEMALE

Address _____

City and County of Residence _____

State _____ Zip Code _____

Marital Status SINGLE DIVORCED LEGALLY SEPARATED
 WIDOWED MARRIED to _____



(_____) _____



e-mail _____

YOUR CHILDREN - Enter the information for you children, whether alive or deceased (add date of death if applicable)

FULL LEGAL NAME

Date of Birth

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____

SPECIFIC GIFTS (OPTIONAL): Enter the individuals or organizations to receive specific gifts or property after your death.

GIFT (Describe)

TO (Full legal name of beneficiary)

RELATIONSHIP

NAME YOUR EXECUTOR - Upon your death, the executor will distribute your estate according to your wishes.

Name _____ MALE FEMALE

Relationship to you: _____

ALTERNATE EXECUTOR(S) - **This is optional.** You can name one or more alternate executors

Name _____ MALE FEMALE

Relationship to you: _____

Name _____ MALE FEMALE

Relationship to you: _____

If you listed MULTIPLE EXECUTORS, indicate how they should serve (one option only)

- Each executor will serve in the order listed
- All executors will serve together as co-executors

DISINHERITING CLAUSE (OPTIONAL): - If there are any relatives that you wish not to be given a share of your estate, please list them here:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____



If you do NOT have any minor children
NOR have you listed minors as beneficiaries
SKIP THIS PAGE

NAME of GUARDIAN If at the time of your death any of your children are minors, and a guardian is necessary - enter the name of the adult you would like to name as guardian for your child(ren). This is the person who will raise your child(ren) if something happens to you and/or your spouse.

Name _____ MALE FEMALE

Relationship to you: _____

CO-GUARDIAN OR ALTERNATE GUARDIAN - *This is optional.* You can name one person who will act in conjunction with OR instead of the guardian named above and will raise your child(ren) if something happens to you and/or your spouse.

Name _____ MALE FEMALE

Relationship to you: _____

This person will be a CO-GUARDIAN

This person will be an alternate GUARDIAN

NAME of CUSTODIAN If any of your beneficiaries are minors at the time of your death, please name an adult who will be the custodian of the minor's share of the estate. This is the person who will manage your child(ren)'s inheritance.

Name _____ MALE FEMALE

Relationship to you: _____

CO-CUSTODIAN OR ALTERNATE CUSTODIAN - *This is optional.* You can name one person who will act in conjunction with OR instead of the custodian named above.

Name _____ MALE FEMALE

Relationship to you: _____

This person will be a CO-CUSTODIAN

This person will be an alternate CUSTODIAN

POWER OF ATTORNEY FOR FINANCES

Effective Now OR
Effective upon Disability (“springing”)

FIRST FINANCIAL AGENT

Name _____ MALE FEMALE
Address _____
City _____ State ____ Zip Code _____ Tel. _____

SECOND FINANCIAL AGENT (optional)

Name _____ MALE FEMALE
Address _____
City _____ State ____ Zip Code _____ Tel. _____

THIRD FINANCIAL AGENT (optional)

Name _____ MALE FEMALE
Address _____
City _____ State ____ Zip Code _____ Tel. _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly
- Agents may act separately

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

Are your choices for health care agents the same as the ones for financial agents?

YES - You are done!

NO - Please make your choices below...

FIRST HEALTHCARE AGENT

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

SECOND HEALTHCARE AGENT (optional)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

THIRD HEALTHCARE AGENT (optional)

Name _____ MALE FEMALE

Address _____

City _____ State _____ Zip Code _____ Phone _____

If you listed MULTIPLE AGENTS ABOVE, indicate how they should serve (one option only)

- Each agent will serve in the order listed
- All agent will serve together as **co-agents**
- The first two will serve as **co-agents**; the third will serve if either of the first two is unable
- The first two will serve as **co-agents**; the third will serve if both of the first two are unable
- The first will serve alone; the second and third will serve as **co-agents** if the first one is unable

If you selected a co-agent option, do they act jointly or separately?

- Agents must act jointly
- Agents may act separately

Please sign here _____

"All answers are provided by me and I did NOT receive any legal advice from the store staff"