

# WILL INFORMATION WORKSHEET

Use this informational sheet to assist an attorney in preparing your will.  
Be sure to include other supporting documents, as needed.



☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, AND OTHERS):

List any additional immediate family members on a separate sheet of paper and include it with this worksheet.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone No.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## I WANT THE FOLLOWING PERSON OR ORGANIZATION TO BE THE PERSONAL REPRESENTATIVE (EXECUTOR) OF MY ESTATE AND TO SERVE ☐ WITH BOND or ☐ WITHOUT BOND: (CHECK ONE)

Name of Executor: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Executor: \_\_\_\_\_

Address: \_\_\_\_\_

## I WANT THE FOLLOWING PERSON(S) TO BE THE GUARDIAN(S) OF MY MINOR CHILDREN:

Name(s) of Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

HOW I WANT MY ESTATE DISTRIBUTED:

- ☐ To my spouse: \_\_\_\_\_ %
- ☐ To my children (equally, unless otherwise designated): \_\_\_\_\_ %
- ☐ To other individuals:

Name	Address	Relationship	Percentage or Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- ☐ To Christian organizations:

Name	Address	Percentage or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION FOR MY ATTORNEY:

- ☐ Copy of my present will(s)
- ☐ Other family members and loved ones
- ☐ Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Be sure to work with an attorney for the preparation of your will.