

## DRAFTING YOUR WILL - WORKSHEET

**YOUR FULL NAME (First, Middle, Last)** \_\_\_\_\_

**SPOUSE'S FULL NAME (if applicable):** \_\_\_\_\_

**CHILDREN (if applicable):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EXECUTOR:**

Full Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**ALTERNATE EXECUTOR:**

Full Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**BENEFICIARIES:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GUARDIAN(S)**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

**ALTERNATE GUARDIAN(S)**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

**WITNESSES**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTARY PUBLIC**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CHARITABLE DISTRIBUTIONS (OPTIONAL)**

Name of Charity/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Specific Dollar Amount \$ \_\_\_\_\_  
Percentage of Estate \_\_\_\_\_  
Other Property \_\_\_\_\_  
\_\_\_\_\_

**WISHES FOR MY BURIAL OR FUNERAL (OPTIONAL)**

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

**PROVISION FOR PET (OPTIONAL)**

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