

***Last Will, Living Will & Powers of Attorney Worksheet***  
(Complete One Full Worksheet for each person who needs a will)

**A. Information needed for both LAST WILL & TESTAMENT and for LIVING WILL:**

a. Full Name: .....

If different how you sign, and any nicknames: .....

b. Birth Date: .....

c. Social Security No.: .....

d. Address of Current Residence: .....  
.....

**B. Additional information needed for LAST WILL & TESTAMENT:**

1. Family Members Alive at time of execution of this will:

a. Name of Spouse: .....

Address: .....  
.....

b. For each living child:

Name: .....

Address: .....  
.....

Phone & Date of Birth: .....

Name: .....

Address: .....  
.....

Phone & Date of Birth: .....

(If additional children, give same information on other side.)

***How to use this form: Last Will, Living Will & Powers of Attorney Worksheet Page 1***  
***If filling out this form by hand or on an old-fashioned typewriter, just print it out and complete it.***  
***However, if you save it to your computer, and use MS Word, you can fill it out on your computer:***  
***Double-click on each dotted line, and just begin typing to replace the line with your information.***  
***Return form by mail, fax or (especially if filled in by computer) by attachment to an e-mail.***

b. For any of your living grandchildren whose parents are deceased:

Name of deceased child:

.....

Dates of birth and death:

.....

Name(s) and Date(s) of Birth  
of living grandchildren:

.....

.....

(If additional grandchildren with deceased parents, give same info on other side.)

2. Fiduciaries: (in order of priority):

a. Personal Representative (Executor):

(1) .....

(2) .....

b. (Optional) Conservator of my Property

(similar to Attorney-in-Fact for *General Power of Attorney*):

(1) .....

(2) .....

c. (Optional) Guardian of my Person:

(similar to Attorney-in-Fact for *Medical Power of Attorney & Designee for Living Will*):

(1) .....

(2) .....

d. Guardian of my Minor Children:

(1) .....

(2) .....

e. Trustees for my Minor Children:

(1) .....

(2) .....

3. Devise of Property & Things:  
a. (Optional) Disposition of my body:

.....  
.....  
.....  
.....

EXAMPLE: I would prefer cremation unless my family has other desires for my body when I'm through with it, (e.g. medical research). A short, happy memorial service for my transition would be nice. It is only important that my friends and loved ones be together in any manner they choose to celebrate the occasion of my next adventure.

- b. (Optional) Date of handwritten lists of tangible personal property which you wish to attach to your will:

.....  
NOTE: You can dispose of a number of the heirlooms, (that rocking chair that Susan wants), and other smaller items of tangible personal property by simply attaching a list of them in your own handwriting. If you wish to do so, please prepare and date it before coming to the work session, and note the date above. You can also later amend or supplement that list with another inventory or list that is in your own handwriting, signed by a witness, and then stored with the original of your will.

- c. (Optional) If I do not hold title as a joint tenant with the right of survivorship, . . . my residence shall be given to:

.....

- d. (Optional) I make other special gifts to the following special persons:

(i.) Name: .....

Gift: .....

(ii.) Name: .....

Gift: .....

(iii.) Name: .....

Gift: .....

(iv.) Name: .....

Gift: .....

e. All the rest of my estate shall go to:

(i.) Name: .....  
Percentage: ..... % [.....] per stirpes\* or [.....] per capita\*\*

(ii.) Name: .....  
Percentage: ..... % [.....] per stirpes or [.....] per capita

(iii.) Name: .....  
Percentage: ..... % [.....] per stirpes or [.....] per capita

(iv.) Name: .....  
Percentage: ..... % [.....] per stirpes or [.....] per capita

\* “per capita” means to that person only, with nothing to his/her children  
or other descendants, unless they are also listed.

\*\* “per stirpes” means that person and, if he/she predeceases me, to his/her children  
equally or, where his/her child has also died before me, to that child’s descendants.

(Optional) If none of the above survive, then I intend the rest of my property to pass to my  
closest heirs according to the laws of succession of the state of my residence, and if no  
heirs, to the following churches or charities:

.....

7. (Optional) Other Comments or Directions:

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.....  
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C. **Additional information needed for LIVING WILL & POWERS OF ATTORNEY:**

8. Persons designated to make decisions (Name and Address):

(1) .....  
.....  
.....  
.....

(2) .....  
.....  
.....  
.....

9. Attorney-in-Fact for *General Power of Attorney* (Name and Address):

(1) .....  
.....  
.....

(2) .....  
.....  
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10. Attorney-in-Fact for *Medical Power of Attorney* (Name and Address):

(1) .....  
.....  
.....

(2) .....  
.....  
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