

# WILL WORKSHEET

## I.

### Personal Information

**Full Legal Name:** \_\_\_\_\_  
(including maiden)

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

**Telephone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widow(er)  Domestic Partner

If married, \_\_\_\_\_  
Spouse's Name: (including maiden) \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Previous Marriage(s); How did previous marriage(s) end? (State date, year and place):**

1. Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Ended \_\_\_\_\_ Date Ended: \_\_\_\_\_ City, State or Parish/County \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Ended \_\_\_\_\_ Date Ended: \_\_\_\_\_ City, State or Parish/County \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Ended \_\_\_\_\_ Date Ended \_\_\_\_\_ City, State or Parish/County \_\_\_\_\_

4. Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Ended \_\_\_\_\_ Date Ended \_\_\_\_\_ City, State or Parish/County \_\_\_\_\_

**Children (complete below and state full legal names including maiden name):**

1. Name: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Adopted:  yes  no If yes, date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Disabled:  yes  no If yes, type of disability: \_\_\_\_\_

**Children Cont. (complete below and state full legal names including maiden name):**

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Adopted:  yes  no If yes, date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Disabled:  yes  no if yes, type of disability: \_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Adopted:  yes  no If yes, date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Disabled:  yes  no if yes, type of disability: \_\_\_\_\_  
\_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Adopted:  yes  no If yes, date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Disabled:  yes  no if yes, type of disability: \_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
Adopted:  yes  no If yes, date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Disabled:  yes  no if yes, type of disability: \_\_\_\_\_  
\_\_\_\_\_

II.

Are there any personal items which you wish to be left to any individual? If so, list the item and the full name of the person to receive said item: \_\_\_\_\_

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

III.

If there are not individual items you wish to give to any individual person, please give a brief summary of how you would like your property to be disposed of at your death. If, for instance, you wish all of your property to go to your children, simply say so and state the **full legal names (including maiden)** of the people you wish to receive, and in what portion.

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

IV.

**Alternate Beneficiaries:** Who would you like to name as alternate beneficiaries in the event that any of the beneficiaries you have named predecease you? **(full legal name, including maiden)**

1. Name: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Alternate Beneficiaries Cont. (complete below and state full legal names including maiden name):**

4. Name: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

V.

State the person or persons you would like to name as executor of your Will. List your first choice and an alternate:

1<sup>st</sup> Choice: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_

Phone No (s): \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

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

Parish / County: \_\_\_\_\_

Phone No (s): \_\_\_\_\_