WILL WORK SHEET

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **(HOME)** _____ **(WORK)**

_____ **(CELL)** _____ **(E-MAIL)**

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

☐ **ORGAN DONATION** GENERAL OR SPECIFIC ORGANIZATION _____

☐ **BURIAL** Location: _____

☐ **CREMATION** Location: _____

WAKE: YES ____NO____ Duration: _____

MARITAL STATUS: _____ **SPOUSE:** _____

NAME OF CHILDREN: **DATE OF BIRTH:**

_____ _____

_____ _____

_____ _____

_____ _____

IF DECEASED CHILD OR SPOUSE: NAME _____ **RELATION:**_____ **D/D:**_____

EXECUTOR #1: _____ CITY/STATE: _____
RELATIONSHIP: _____

EXECUTOR #2: _____ CITY/STATE: _____
RELATIONSHIP: _____

GUARDIAN #1: _____ CITY/STATE: _____
RELATIONSHIP: _____

GUARDIAN #2: _____ CITY/STATE: _____
RELATIONSHIP: _____

FOR CHILDREN's TRUST:

TRUSTEE #1: _____ CITY/STATE: _____
RELATIONSHIP: _____

TRUSTEE #2: _____ CITY/STATE: _____
RELATIONSHIP: _____

SPECIFIC BEQUEST: (INCLUDE NAME, RELATION, CITY & STATE)

1 _____

2 _____

3 _____

RESIDUE: (INCLUDE NAME, RELATION, CITY & STATE)

1 _____

2 _____

3 _____

LOCATION FOR SAFEKEEPING OF WILL: (IF BANK, NAME, CITY & STATE)

_____