Will Preparation Worksheet

CLIENT INFORMATION

First name: _____ Middle name(s): _____

Last name: _____ Date of birth: _____ dd / mm / yyyy

Citizenship: _____

Complete address:

Contact number: _____ Email: _____

Do you have a prior will or estate plan?

◯ Yes ◯ No

EXECUTOR

Name of company or individual who will be appointed as the executor of the will upon death:

Name: _____ Contact number: _____

Email address: _____

CURRENT TRUSTS

Are there any trusts (NOT in any will), such as living trusts, already established for the benefit of yourself, any family members or other beneficiaries?

◯ Yes ◯ No

If yes, please add additional comments as needed:

Additional notes:

MARITAL STATUS

Please choose the answer that best represents your situation:

◯ Married once, and my spouse is alive
◯ Married and spouse is alive but was formerly married (spouse was divorced or passed away)
◯ Widow/Widower
◯ Previously married, now single
◯ Single, never married
◯ Separated, in the process of getting a divorce

Party to a (if applicable):

- [ ] Same-sex marriage
- [ ] Domestic partnership
- [ ] Civil union

CURRENT SPOUSE'S INFORMATION (IF MARRIED):

First name: _____ **Middle name:** _____

Last name: _____

Current address:

Contact number: _____ **Email address:** _____

Citizenship: _____

CHILDREN

Do you have any children?

◯ Yes ◯ No

If yes, are there any children under 18?

◯ Yes ◯ No

Are you currently expecting a child?

◯ Yes ◯ No

1. Child full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Relationship:** _____

2. Child full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Relationship:** _____

3. Child full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Relationship:** _____

4. Child full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Relationship:** _____

5. Child full name: _____ **Date of birth:** _____ dd / mm / yyyy

Sex: _____ **Relationship:** _____

Is there any biological child from a previous relationship?

◯ Yes ◯ No

Does any child have specific needs?

◯ Yes ◯ No

If you have adopted children, are they treated the same as your biological children?

◯ Yes ◯ No

If you have stepchildren, are they treated the same as your biological children?

◯ Yes ◯ No

ESTATE VALUE

Approximate value of your estate (not including life insurance):

Value of life insurance (self): _____

REAL ESTATE

Do you own a family farm/family-owned business?

◯ Yes ◯ No

Do you own real estate?

◯ Yes ◯ No

Do you own real estate jointly with your spouse?

◯ Yes ◯ No

Do you own any other real estate?

◯ Yes ◯ No

LIST OF PROPERTIES

Address: _____

Names on property:

If yes, how do you wish to give your real estate?

◯ All to my spouse
◯ Just the home to my spouse and all other real estate passing as part of the residuary estate
◯ Spouse is to have life estate
◯ To pass with the rest of my residuary estate
◯ Different properties to different beneficiaries

Please list below each person, their relationship to you, and which property:

1. Name: _____ **Relationship:** _____

Property: _____ **2. Name:** _____

Relationship: _____ **Property:** _____

3. Name: _____ **Relationship:** _____

Property: _____ **4. Name:** _____

Relationship: _____ **Property:** _____

5. Name: _____ **Relationship:** _____

Property: _____

OTHER ASSETS

List all other assets, including investments, vehicles, and valuable possessions, along with the designated beneficiaries for each item:

1. Name: _____ **Relationship:** _____

Asset: _____ **2. Name:** _____

Relationship: _____ **Asset:** _____

3. Name: _____ Relationship: _____

Asset: _____ 4. Name: _____

Relationship: _____ Asset: _____

5. Name: _____ Relationship: _____

Asset: _____

LIFE INSURANCE DETAILS

Insurance company name:

Policy number:

Type of policy:

Policy holder's name:

Beneficiary name:

Coverage amount:

Additional notes:

DISINHERITANCE

Bank name:

Account type:

Account number:

Account holder (s):

Beneficiary name (s):

Additional notes:

Is there anyone whom you wish to disinherit (receive nothing from your probate estate under any circumstances)? Please list full name and relationship.

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

5. Name: _____ Relationship: _____

Additional notes:

POWER OF ATTORNEY

Who would you want to make medical decisions for you if you are unable to make them for yourself?

Name: _____ Relationship: _____

Address:

Phone number: _____

Additional notes:

FUNERAL ARRANGEMENTS

At my death I prefer:

◯ To be cremated ◯ To be buried ◯ To donate my body to medical science

Additional notes:

GENERAL ADDITIONAL NOTES

Specify below:

Note: This is NOT a legally binding document. It is a worksheet designed to help you gather information for creating a will and to simplify the process. You may need to seek additional information or legal advice.