

Have you or your spouse ever been married before? Yes ____ No ____

If so, do you or your spouse have any children from this marriage? Yes ____ No ____

Do you wish to include your spouse's children in your will? Yes ____ No ____

If so, please list below:

NAME	RELATIONSHIP	AGE

Do you or your spouse have children who have died leaving children? Yes ____ No ____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes ____ No ____

Are you or your spouse a caregiver for elderly parents or other family members?
Yes ____ No ____

REAL ESTATE

Description of Property	Location of Property	In Whose Name?	Estimated Value

BUSINESS OWNERSHIP

Do you or your spouse have an interest in any business? Yes ____ No ____

If so, please list below:

Name of Business	Address of Business	Type of Business	Ownership
			%
			%
			%
			%

PERSONAL PROPERTY

Do you wish to make specific gifts of tangible personal property to specific beneficiaries?

Yes ____ No ____

If so, please list below:

Description of Property	Who You Wish To Give It To

If more space is needed, please attach an additional page to this worksheet

LEGAL

If you have any of the following documents, please specify below:

Document	Date Made	Location of Original	Recorded With Register of Deeds?
Will			
Durable Power of Attorney			
Living Will			
Health Care Power of Attorney			
Advance Instruction for Mental Health Treatment			
Organ Donor Card			
Living Trust			

Location of important papers: _____

Location of safe deposit box, if any: _____

EXECUTOR

Would you like to name an Executor in your will? Yes ____ No ____

If so, who would you like to be the Executor of your Estate? _____

If that person is unable to serve as Executor, who would you like to be the substitute Executor? _____

