

DOCUMENT WORKSHEET

_____ AMENDMENT _____ CODICIL _____ POWER OF ATTORNEY _____ TRUST _____ WILL

Trust Representative _____ Date _____
(A separate worksheet should be used by each person for whom a will is to be prepared)

PLEASE PRINT ALL INFORMATION EXCEPT ITEM 7

1. DEFINITIONS:

- Beneficiary:** Any person or institution which receives anything under the terms of the will.
Executor: The person you appoint to administer your estate and see that the provisions of your will are carried out.
Guardian: The person you appoint to care for your minor children.
Trustee: A person you appoint to handle the funds from your estate for your children.
Testator: A male who signs a will.
Testatrix: A female who signs a will.
Estate: All the properties, of any kind, which a person owns at any given time. For purposes of a will, it is all properties which the testator or testatrix owned at the time of death. This includes money, house, land, stocks, bonds, personal effects, etc.

NOTE: You may appoint the same person as Executor, Guardian, and Trustee, if you wish, but this is not necessary. You may appoint a different person to serve each of these functions.

2. GENERAL INFORMATION

A. FULL NAME OF PERSON MAKING WILL (Print your name as you want it to appear in the will.)

_____ Date of Birth _____
NAME MONTH DAY YEAR

_____ ADDRESS STREET CITY COUNTY STATE ZIP

SOCIAL SECURITY # _____ TELEPHONE # _____

CITIZENSHIP: US _____ OTHER _____

B. _____ Date of Birth _____
FULL NAME OF SPOUSE MONTH DAY YEAR

_____ ADDRESS STREET CITY COUNTY STATE ZIP

SOCIAL SECURITY # _____ TELEPHONE # _____

CITIZENSHIP: US _____ OTHER _____

C. DATE OF MARRIAGE _____
MONTH DAY YEAR CITY STATE

D. **CHILDREN**

BIRTHDATE	FIRST NAME	INITIAL	LAST NAME	HIS	HERS	OURS
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. **WILL INFORMATION**

Executor _____
Address _____

Alternate Executor _____
Address _____

Legal Guardian _____
Address _____

Alternate Guardian _____
Address _____

Trustee _____
Address _____

Alternate Trustee _____
Address _____

4. The above to serve without bond? Yes ____ No ____

5. **CARE AND EDUCATION TRUST:** (A testamentary trust for minor or college age children to provide care, support, maintenance and education until youngest (or surviving youngest) child attains a specified age.)

_____ % of Estate to be placed in Care and Education Trust.

This trust terminates when youngest (or surviving youngest) child reaches the specified age of _____.

Pay benefits to children until they reach the specified age. YES ____ NO ____

I prefer my children be educated, if possible, in Seventh-day Adventist schools. YES ____ NO ____

6. **DISTRIBUTION OF ESTATE:**

A. Entire estate to surviving spouse? Yes ____ No ____

B. Spouse (do not fill in this space if you answered "yes" to question 6 A) _____ %.

C. Children:

Name	Address	Telephone	% of Estate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. The Lord's Work - Any church, conference, school, etc. to whom you wish to leave something for the furtherance of the Lord's work.

	% OF ESTATE
_____	_____
_____	_____
_____	_____

E. OTHER BENEFICIARIES

NAME	ADDRESS	RELATIONSHIP	% OF ESTATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. REAL PROPERTY - (Land or Buildings) Fill this in only if you want a specific piece of property to go to a certain person instead of being considered part of the total estate.

G. PERSONAL PROPERTY - (Car, jewelry, furniture, family heirlooms, etc.) Fill this in only if you want a certain item to go to a specific person, instead of being considered part of the total estate.

7. **APPLICATION TO HAVE A WILL DRAFTED:**

I, the undersigned, hereby request that a will be prepared from the information contained in this worksheet. I also state that the distribution of my estate, as set forth in this worksheet, was made of my own volition.

SIGNED _____

DATE _____

SIGNED _____

DATE _____

8. **FINANCIAL INFORMATION** - I have accounts at the following financial institutions:

	Name & address of institutions	Account Number
Savings Account(s):	_____	_____
	_____	_____
Checking Account(s):	_____	_____
	_____	_____
Credit Union(s):	_____	_____
	_____	_____
Safe Deposit Box(es):	_____	Box Number
	_____	_____

9. **INSURANCE POLICIES** - I have the following insurance policies:

	Name of Insurance Companies	Policy Number
Life Insurance	_____	_____
	_____	_____
Medical and Hospital	_____	_____
	_____	_____

10. **MY IMPORTANT PERSONAL PAPERS** - (will, insurance policies, deeds, car title, etc.) are kept at:

11. **FUNERAL ARRANGEMENTS** - The following funeral home has information as to my wishes regarding my funeral:

NAME	ADDRESS	TELEPHONE
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I do () do not () have a pre-paid funeral arrangement with this funeral home.

I have not discussed funeral arrangements with any funeral home, but would prefer my funeral be conducted by the _____ Funeral Home.

I own a burial plot at the following cemetery:

NAME	TELEPHONE	LOCATED IN:	CITY	STATE
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NOTE: The information in items 8 through 11 will not appear in your will, but this worksheet will be kept on file, and this information can be very valuable to your executor or other person who makes the funeral arrangements or transacts any business for your estate.