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**7. Distribution of assets**

Indicate how you want your assets to pass when you die. Please check the one option you prefer:

I want my assets to pass to my spouse and children as follows:

- To my spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows: \_\_\_\_\_

I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows: \_\_\_\_\_

None of the above, I want my assets to pass as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Exclusion of heirs**

Do you wish to disinherit any children or grandchildren? If so, list their name here. *Note: In certain states, it is not possible to completely disinherit a spouse or minor child.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Personal representative/Executor**

If married and your spouse is still alive, do you want your spouse to serve as your Personal Representative?  Yes  No

Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below.

Name \_\_\_\_\_

Address \_\_\_\_\_

Please list an alternate in case this person is unwilling or unable to serve.

Name \_\_\_\_\_

Address \_\_\_\_\_

**10. Specific bequests**

Many people make special provisions for family heirlooms, jewelry, or real property to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.

Item	Identifying features	Recipient
_____		

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**11. Power of Attorney**

Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Name \_\_\_\_\_

Address \_\_\_\_\_

Please list an alternate in case this person is unwilling or unable to serve

Name \_\_\_\_\_

Address \_\_\_\_\_

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**12. Adult and Minor Children**

If you have children, including adopted children, state the following for each child.

Full name	Son/Daughter	Date of birth	Child of current marriage? (Y/N)

a) Deceased biological or legally adopted children, if applicable

Full name	Son/Daughter	Date of Death

b) Deceased child's living children, if applicable

Full name	Son/Daughter	Date of birth	Parent's Name

c) If you have stepchildren, do you want them treated the same of your natural born or legally adopted children in your Will? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state the following for each.

Full name	Son/Daughter	Date of birth	Parent's Name

d) If you have grandchildren, state the following for each.

Full name	Parent's name	Gender	Date of birth

**8. Special needs**

Are any of your children or other beneficiaries mentally or physically disabled or have special needs?

\_\_\_\_\_ Yes \_\_\_\_\_ No If so, note any special provisions:

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**13. Minor children (Children under 18 years of age)**

If one or more of your children are under age eighteen (18), state the following for the person you wish to act as their guardian (custodian) in the event of your death or in case of the joint death of you and your spouse (if married). You should obtain the consent of that person(s) before executing your will.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

If at the time of your death the person (s) named above is/are unwilling to serve as guardian, please list an alternate

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Do you want the appointed guardian also to be the trustee (conservator) of any assets inherited by the minor children?  
\_\_\_\_ Yes \_\_\_\_ No

At what age would you like your children to take control from the trustee of any inherited assets? (must be at least 18 years old) \_\_\_\_\_ years old

If no, please list the person or entity you wish to act as their financial custodian. You should obtain the consent of that person or entity before executing your Will.

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

If at the time of your death the person (s) named above is/are unwilling to serve as trustee, please list an alternate

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

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