## **Last Will and Testament Package Information Worksheet**

1.	Pers	son	al Information:
		0	Full Legal Name:
		0	Address:
		0	City: State: Zip Code:
		0	Date of Birth: Marital Status:
		0	Name of Spouse/Partner (if applicable):
		0	Names of Children/Dependents and birthdates (if applicable):
2.	Exe	cut	or Selection:
		0	Who do you want to appoint as the Executor of your Will? (Executor is responsible for
			carrying out the terms of the Will) Include contact information:
		0	Alternate Executor (optional, in case the primary Executor is unable to fulfill their duties
			Include contact information:
3.	Gua	ırdi	anship of Minor Children (if applicable):
		0	Who would you like to appoint as the guardian(s) of your minor children in the event of
			your death or incapacity? Include contact information:
		0	Alternate Guardian(s) (optional) Include contact information:

## 4. Assets and Debts:

	Description of Assats
-	Description of Asset:
	Estimated Total Value:
-	Estimated local value:
List of	Debts (e.g., mortgages, loans, credit card debts) This information does not into your will. This is to help you organize and inventory your debts. Keep pation with your Will:
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0	Who do you want to inherit your residual assets? Include full names and relationship you) Also specify what each beneficiary will inherit (e.g., specific assets, percentage estate) and list an alternate beneficiary (if any) in the event that your first choi predeceases you. e.g. 25% to Jane. S. Doe, if she is deceased, her share to John P. Snow
Specif	Do you have any specific items or amounts you want to leave to particular individuals organizations? (e.g., family heirlooms, charitable donations) Specific bequests a distributed before the residual estate assets. e.g.: \$5000.00 to Mary L. Lamb
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	eritance Clause: Is there a natural heir you wish to disinherit? (Someone who is related on who has died and is entitled to receive their property.) e.g. A brother, or child.
Durab	le Power of Attorney: Who do you want to appoint as your Agent to make financial decision handle financial affairs on your behalf if you become incapacitated and unable to ma

5. **Beneficiaries**:

	0	Advanced Health Care Directive: Who do you want to be your medical proxy? Name alternates and list in order of succession along with contact information:
	0	End of Life Decisions: Do you want to be put on life support if:
		<ul> <li>A) you have an incurable and irreversible condition that will result in your de in a short period of time; YN</li> </ul>
		<ul> <li>B) you become unconscious and, to a reasonable degree of medical certainty, not regain consciousness; YN</li> </ul>
		<ul> <li>C) the likely risks and burdens of treatment would outweigh the expect benefits. Y N</li> </ul>
	0	Organ Donations: Do you wish to donate your organs? Y N
	0	<b>HIPAA Authorization</b> : Medical proxy agents are automatically included on the HIPA Authorization. List any people you want added:
 ). <b>Fun</b>	era	and Burial Wishes:
	0	Do you have any specific wishes regarding your funeral or burial arrangements? (e.g., burial vs. cremation, religious or cultural preferences, only this information is written in the Will; the following is not) Include a budget you want spent, if any. Make notations the people you want notified of your passing.

9. Medical and End-of-Life Wishes:

	ation your people will need in order to handle your affairs. Keep this informati our Will:
	Access Information (username/password):
<b>-</b>	Instructions for managing or distributing digital assets:

o **List of digital assets** (e.g., email accounts, social media accounts, cryptocurrency, digital files) *This information does not get written into your will. This is to help you organize* 

11. Digital Assets and Accounts:

This worksheet is intended for informational and organizational purposes only.

It does not constitute legal advice.

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