Last Will and Testament Package Information Worksheet

1.	Personal Information:					
		0	Full Legal Name:		·····	
		0	Address:			
		0	City:	State:	Zip Code:	
		0	Date of Birth: M	arital Status:		
		0	Name of Spouse/Partner (if applicab	le):		
			 If spouse has passed, provid 	e name and date of d	leath:	
		0	Names of Children/Dependents and	birthdates (if applica	ble):	
2.	Executor Selection:					
		0	, , , , , , , , , , , , , , , , , , , ,	-		
			carrying out the terms of the Will) Ir	clude contact inform	ation:	
		0	,			
			Include contact information:			
3.	Gua	 ardi	dianship of Minor Children (if applicab	e):		
		0	Who would you like to appoint as th	e guardian(s) of your	minor children in the event of	
			your death or incapacity? Include co	ntact information:		

(0	List of Assets (e.g., real estate, vehicles, investments, bank accounts, retirement account valuable possessions) <i>This information does not get written into your will. This is to he you organize and inventory your assets. Keep this information with your Will</i> :
		Description of Asset:
		,
		Estimated Total Value:
·	0	List of Debts (e.g., mortgages, loans, credit card debts) <i>This information does not written into your will. This is to help you organize and inventory your debts. Keep to information with your Will:</i>
		Creditor and amount owed:
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	0	Who do you want to inherit your residual assets? Include full names and relationship to you) Also specify what each beneficiary will inherit (e.g., specific assets, percentage of estate) and list an alternate beneficiary (if any) in the event that your first choice predeceases you. e.g. 25% to Jane. S. Doe, if she is deceased, her share to John P. Snow
6.	Specifi	c Bequests:
	0	Do you have any specific items or amounts you want to leave to particular individuals or organizations? (e.g., family heirlooms, charitable donations) Specific bequests are distributed before the residual estate assets. e.g.: \$5000.00 to Mary L. Lamb
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7.	blood	eritance Clause: Is there a natural heir you wish to disinherit? (Someone who is related by or adoption to a person who has died and is entitled to receive their property.) e.g. Ar, or child.
8.	and to	e Power of Attorney: Who do you want to appoint as your Agent to make financial decisions handle financial affairs on your behalf if you become incapacitated and unable to make one for yourself? List any alternate agents in the event that your primary Agent is unwilling ble to serve. Include contact information.
Pri	mary a	gent name and address:

5. **Beneficiaries**:

First Alte	rnate name and address:
Second A	lternate name and address:
9. Medic	al Proxy:
0	Advanced Health Care Directive : Who do you want to be your medical proxy? Name an alternates (optional) and list in order of succession along with contact information:
Primary a	gent name and address:
First Alte	rnate name and address:
Second A	lternate name and address:
0	HIPAA Authorization: Medical proxy agents are automatically included on the HIPAA Authorization. List any people you want added:
10. Funera	al 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 of the people you want notified of your passing.

11. Digital	Assets and Accounts:
0	List of digital assets (e.g., email accounts, social media accounts, cryptocurrency, digital files) <i>This information does not get written into your will. This is to help you organize information your people will need in order to handle your affairs. Keep this information with your Will:</i>
	 Access Information (username/password):
	 Instructions for managing or distributing digital assets:

This worksheet is intended for informational and organizational purposes only.

It does not constitute legal advice. Prepared by Maria Weston, Legal Document Assistant, Los Angeles County.

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