

**WILL WORKSHEET**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the author of the Will: \_\_\_\_\_

Alternate or  
Co-Personal Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to author of the Will: \_\_\_\_\_

Names and Address of devisees (heirs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be cremated? \_\_\_\_\_

Special  
Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_