

826 BrooksideAve., Suite C • Redlands • California • 92373 • (909) 335-0155

Will Worksheet

(Only one person can be on a will. If you are doing a Living Trust you must each have your on will)

Name:							
Address:				_ Ph	one #		
City:					State:		
County:	DOB:			SS#			
Are you married? If yes, spouse's name:			NO				
Do you have any living child If yes please list your childre Only list them if you wish to NAME	n belov	v:	of your est			YES	NO
				_			_
				_			_
							_
							_
				_			
							_
Do you have any grandchildr	ren?	YES	NO	— О			
Only list them if you wish to	give th		•	estate			
NAME		GENDI	ER 		DOB		
				_			_
				_			<u> </u>

☐ Leave it some other If you would like to leave most of it to leave it to: ☐ Leave it to your chi ☐ Leave it to one or m	spouse your spouse with some exceptions way to your spouse with some exceptions would you like
If you decide to leave it to your child equal shares	lren than would you like them to receive it in:
unequal share	
If in unequal shares, please specify v	what percentage will go to each child.
Child:	%
☐ Leave it all to your of ☐ Leave it all to one of ☐ Make an alternate pl☐ Name no alternate be	who would you like to leave the property to? children r more alternate beneficiaries you name an eneficiary for your property
Would you like to make any specific If yes, please list them below, this was car, etc. NAME	bequests? YES NO ould include specific items such as jewelry an old Property they are to receive
Would you like to name an alternate Name:	1 1 7
NAME	Property they are to receive
Would you like to name an alternate Name:	
NAME	Property they are to receive

Would you like to name an altern Name:		YES NO	
NAME	Property they are to	receive	
Would you like to name an altern Name:			
NAME	Property they are to	receive	
Would you like to name an altern Name:			
Who would you like to name as a Name:		· 	· •
Would you like to name an altern would like. Alternate:		·	
Alternate:			
Alternate:			
Alternate:			
If you have named more than one	alternate, would you like	e them to rec	eive your
residuary estate in \Box equal shar	res		
unequal s	shares		
Please specify what percentage w	ill go to each alternate b	eneficiary.	
Beneficiary:	%		
Beneficiary:	%		
Beneficiary:	%		
Beneficiary:			
Do you want to designate specific paid? YES If yes, please name those assets as	NO	debts and ex	penses will be
Asset:		bts:	
Asset:	De	bts:	
How do you want to handle the is	sue of death taxes?		
Pay them from all			

ied assets please list them below:
or the beneficiaries you have already mentioned.
·
Telephone :
Telephone :
Telephone :
Telephone .
Telephone :
Telephone :
Telephone :
Telephone :
Telephone .
Telephone :
mation you would like to add to your will in which you fee
please mention it below:

ACKNOWLEDGMENT AND AUTHORIZATION I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Documents Assistant to type and perform certain services as outlined in our discussion(s). I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.
Dated: Signature
Signature