

WORKSHEET

LAST WILL AND TESTAMENT

1. Full legal name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

4. If married, spouse's name: \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

5. Children's names and birth dates:

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

6. Provide the name, address, and relationship of any other beneficiary of your estate:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
	_____	
_____	_____	_____
	_____	
_____	_____	_____
	_____	
_____	_____	_____

7. Name the proposed Executor (any person or entity can be nominated) \_\_\_\_\_  
\_\_\_\_\_. Name of alternate Executor in the  
event the first Executor is unable or unwilling to perform the necessary duties  
\_\_\_\_\_.

8. If you are married and your wife survives you, what portion of your Estate do you  
wish bequeathed to your spouse? \_\_\_\_\_  
\_\_\_\_\_.

In the event that your spouse does not survive you and you have minor children,  
please provide the name, address, and relationship of any person (s) you wish to  
appoint as their guardians:

Name(s): \_\_\_\_\_

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

Relationship: \_\_\_\_\_

9. If you wish to name an alternate guardian, please do so:

Name(s): \_\_\_\_\_

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

Relationship: \_\_\_\_\_

10. In the event you have no spouse, or your spouse does not survive you, describe  
the manner and method that you would like your estate distributed (list all items  
of real and personal property, in whole or part that you wish bequeathed to any  
surviving beneficiary, do not include trust provisions).

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

11. In the event that any of the named beneficiaries do not survive you, do you wish to have their share awarded to their heirs or to the remaining beneficiaries?

\_\_\_\_\_.

12. In the event that your child(ren) are minors at the time of your death and your spouse does not survive you, do you wish a trust created for their benefit and support? If so, name the proposed and alternate trustee: \_\_\_\_\_

\_\_\_\_\_.

13. Describe the terms and conditions upon which your trust will be governed and the method of payments to the beneficiaries of the trust. (Directions may be as specific or general as you wish. A trust may be set up for any reason, i.e., continuing support, education, or continuing memorial. You may designate payments for the support of monthly obligations or leave supports up to your trustee and the Court).

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

14. If you wish this trust to be terminated upon the child(ren) reaching a certain age or a specific occurrence, designate the terms:

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

14. If you wish to create a trust for any individual or entity not a child, list the proposed trustee, beneficiary, and terms of the trust: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Include any other provision(s) that were not set forth above that you would like included in your Last Will and Testament: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If you wish for us to prepare a Power of Attorney for you please indicate who you would like to be your attorney in fact if something should happen to your decision making ability. \_\_\_\_\_,  
Alternate: \_\_\_\_\_. Do you your attorney in fact to make medical decisions, financial decisions or both. (Circle one)

17. Please indicate if you want a living will prepared at this time Yes/No. Please circle one.

Thank you for your cooperation in completing this worksheet. If there are any other comments, please feel free to make them. Also, please provide your telephone number so that we can notify you when your Will has been completed and ready for your review. In the event that you do not have a phone, we will contact you through the mail.

Telephone Number:       (W) \_\_\_\_\_  
                                     (H) \_\_\_\_\_

\_\_\_\_\_  
(Date)

Reference: Iowa Code Section 633.276

TO THE PERSONAL REPRESENTATIVE OF MY ESTATE  
AND TO THOSE PERSONS INTERESTED IN MY ESTATE:

I give the following items of tangible personal property to the following persons:

	<u>ITEM</u>	<u>PERSON TO RECEIVE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

If any person named to receive an item of property is deceased, that particular item shall be distributed under my Last Will and Testament and, in the event I do not die owning a particular item of property listed above, then my instructions with respect thereto shall be disregarded.

\_\_\_\_\_  
(Signed)