

## Wills for Heroes – Worksheet

Name: _____  _____	Address: _____ _____ _____ Home Phone: _____ Cell Phone: _____
DOB:	Primary Care Physician (for Healthcare Directive) Name: _____
Spouse: _____  _____	Address: _____ _____ _____ Phone: _____
DOB:	Children (include date of birth): _____ _____ _____ _____ _____ _____
Existing Advanced Healthcare Directive? Yes ___ No ___ Will? Yes ___ No ___ Existing Trust? Yes ___ No ___	[Natural (N)/Stepchildren (S)]
Special Needs? Parents? Disabled beneficiary? Financial disparity?	_____ _____ _____ _____
Executor/Administrator of Will: _____  _____	Address: _____ _____ _____ _____ Home Phone: _____ Cell Phone: _____
First Choice for Durable Power of Attorney (Spouse?):	
Alternative Choice for Durable Power of Attorney:	
First Choice for Agent for Healthcare Directive (Spouse?):	
Alternative Choice for Agent for Healthcare Directive:	

**Option: If minors, need guardian designated until child turns 18. In making selection (especially grandparents), will be they able to do so mentally and physically until child reaches 18? Have either or survivor of them, or they select successor. Have you discussed with your designated guardian(s)? We recommend you designate alternative guardians.**

Guardian #1: <hr/>	Address: <hr/> <hr/> <hr/> Home Phone: _____ Cell Phone: _____
Guardian #2: <hr/>	Address: <hr/> <hr/> <hr/> Home Phone: _____ Cell Phone: _____

**Option: If a Trust is going to be in Will, then include the following. In deciding on Trustee, can that person handle finances until Trust dissolves. What are should trust dissolve (default is 25)? Consider alternative Trustee.**

Trustee #1: <hr/>	Address: <hr/> <hr/> <hr/> Home Phone: _____ Cell Phone: _____
Trustee #2: <hr/>	Address: <hr/> <hr/> <hr/> Home Phone: _____ Cell Phone: _____