LEGACY PLANNING
WORKSHEET

ABOUT YOU

Full Legal Name:

Date of Birth:

D D M M Y Y Y Y

Full Address:

Last 4 SSN:

Parish:

Check all that apply:

- **I have been, or am currently married.**
- **I have children.**
- **I have pets I want to have someone care for if I pass.**

FAMILY HISTORY

Section 1

MARRIAGES *(Skip if you have never been married.)*

Section 1.1

Write them down from first to last. Use additional sheets if necessary.

Spouse's name	Date of marriage	Current?	***If not current:*** End date	***If not current:*** Reason for end of marriage
				[ ] Death [ ] Divorce [ ] Annulment
				[ ] Death [ ] Divorce [ ] Annulment

CHILDREN *(Skip if you don't have any biological or adopted children.)*

Section 1.2

Write them down from oldest to youngest. Use additional sheets if necessary.

Child's name	Date of birth	Other parent's name	***Select any that apply:***
			[ ] I adopted this child [ ] I gave this child up for adoption [ ] I want to disown this child
			[ ] I adopted this child [ ] I gave this child up for adoption [ ] I want to disown this child
			[ ] I adopted this child [ ] I gave this child up for adoption [ ] I want to disown this child

DIVIDING YOUR PROPERTY

Section 2

Do you want to leave certain things to certain people?

Ex: You want to leave your house to one child, and your record collection to one of your friends.

☐ **Yes** ☐ **No**

If YES: Complete Section 2.1

If NO: Go to Section 2.2

GIFTS TO CERTAIN PEOPLE

Skip if you don't want to leave specific gifts.

Section 2.1

- *If you are leaving a bank account, make sure you note the last 4 digits of the account number.*
- *If you are leaving property, consider colidating ownership in one heir to avoid future heirs' property issues.*

Item name / description (and last 4 of account #, if applicable)	Location	Who should get this item, and in what percent (or $ amount)?
		Name: ______________ %______ Name: ______________ %______ Name: ______________ %______ Name: ______________ %______
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Think about it: If one of your heirs passes away before you, is there someone else you want their interest to go to?

ALL (OR THE REST) OF YOUR PROPERTY

Section 2.2

You can leave your property to as many people you want to, in whatever percentage you want, up to 100%.

Who should your heir(s) be?	What percent should they get?

Think about it: If one of your heirs passes away before you, is there someone else you want their interest to go to?

HANDLING YOUR AFFAIRS

Section 3

EXECUTOR

Section 3.1

The "executor" of your estate is someone you can trust to carry out your wishes. They'll be responsible for handling the paperwork required to give your property away as you describe in your will.

Who should be the **executor** of your estate?	What's their relationship to you?
Primary:	
Back up:	

TUTOR(S)

Skip if you don't have any children under age 18.

Section 3.2

A "tutor" is someone you trust to take care of any minor children you have if you pass away. You can assign the same tutor for all of your children, or ask different people to care for them individually.

Who should be your child(ren)'s tutor(s)?	Which child(ren) would this person care for?

Think about it: If one of your tutors passes away before you, is there someone else who can be a back-up?

PET CARETAKER(S) *Skip if you don't have any pets you want to ask someone to care for.* **Section 3.3**

ℹ️ *A "pet caretaker" is someone you trust to take care of your pets if you pass away. You can assign the same caretaker for all of your pets, or ask different people to care for them individually. You can also leave them money to help them care for your pet.*

Who should be your pet(s) caretaker(s)?	Which pet(s) would this person care for?

🧠 ***Think about it:*** If one of your caretakers passes away before you, is there someone else who can be a back-up?

HEALTHCARE DECISIONS

Section 4 *(Optional)*

POWER OF ATTORNEY **Section 4.1**

ℹ️ *A "power of attorney" is someone you trust to do things like: access your medical records, arrange medical care, and even make medical decisions for you if you aren't able to make those decisions yourself.*

Who should be your healthcare Power of Attorney?	Where do they live?
Primary:	City: State:
Back-up:	City: State:

LIVING WILL DECLARATION **Section 4.2**

ℹ️ *A "living will declaration" is a document you share with your medical providers that tells them what type of life-saving measures you want, if you are unable to express them to your care team. Your Living Will choices will take precedent over choices that your Healthcare Power of Attorney might make.*

Do you want food and water to still be given to you, even if you are facing certain death?

☐ **Yes** ☐ **No**

This worksheet is for informational purposes only. It should encourage thoughtful consideration of several issues common in estate planning. It is not intended to be or provide legal advice about your particular situation. Always consult with an attorney if you have questions about how to write your will.
The legacy you leave can last for generations!