Ruppenthal Law Firm

Last Will & Testament Worksheet

A. Information On Person Making The Will:

1. Your Full Name (no initials, please print neatly):

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

Residence Address (GA only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if your residence is not in Georgia, Ruppenthal Law Firm can not prepare your Will)

County of Residence:

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If currently married, Full Name of Spouse (no initials, please print neatly):

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

3. List all children born or adopted by you:

 Full Name Age Relation(biologic/adopted)

4. List all STEP-children NOT born or adopted by you:

 Full Name Age

(If more than 4, please list on back of this page)

Are all of these children to be considered a potential beneficiary under your will?

 \_\_\_\_ Yes \_\_\_\_ No

If you answered “no” above, please list which children ARE beneficiaries (those who you intend to potentially receive something of value from your estate) under your will:

 Full Name

B. Planned Distribution of Property:

1. List any specific gifts (specific amount of funds, specific items or things, specific real estate or land) you would like to make (if any) by stating the organization or person from above to receive the specific gift and then the specific gift he/she is to receive:

 (Strike through this section or leave blank if no specific gifts are to be listed)

 Full Name Specific Gift

2. After any debts of the estate are paid and after the specific gifts mentioned above (if any) are distributed, whom do you want to receive the remainder?

Initial the scenario below that applies, and then, fill in the blanks for that selection.

 a. \_\_\_\_\_\_ all to spouse,

 if spouse does not survive you, then all to children in equal shares

 In this scenario, list these children’s names:

 b. \_\_\_\_\_ spouse to receive \_\_\_\_% and children to receive remainder in equal shares

 In this scenario, list these children’s names:

 c. \_\_\_\_\_\_ all to children (no spouse or disinherit spouse) in equal shares

 In this scenario, list these children’s names:

 d. \_\_\_\_\_\_ other (please specify the name of each beneficiary and the percentage

 he/she/it is to receive. Be sure that the total percentages equal 100%.):

C. Trust for Children.

If you intend to disburse any funds or assets to a beneficiary who is a minor or someone that you feel is too young to manage any such inheritance, you can set up a Trust in your will to insure the money and/or assets are managed by someone that you trust for their education, health, and general welfare. A trust is created within the Will in the hope of providing a mechanism to manage and spend the funds/assets wisely until the beneficiary reaches the age you designate that he/she can have the funds/assets outright. Until they reach the age you designate, the funds/assets are managed by a Trustee. The Trustee will have the power to spend the money for your beneficiary’s education, health, welfare, or other needs. When each beneficiary reaches the age you designate, he/she will get the remaining portion of his/her share.

If you want this type of trust for children, please answer the following:

1. Name of Trustee (you can designate an individual who is someone you trust and who is responsible with money, or, you can list a financial institution, however know that this will cost your Trust money, so, first check with the financial institution so you can make an informed decision if this is right for you);

 Full Name of Trustee Full Name of Alternate Trustee

2. At what age would you like the Trust to end for each beneficiary, so that each beneficiary will receive and have control of the assets you specified for them (check one):

 \_\_\_\_ 18 \_\_\_\_ 21 \_\_\_\_\_ 25

or

 \_\_\_\_ multiple distributions at age 18/21/25 Other

 if so, please specify:

D. Guardian of Minor Children

If you have any children who are under the age of 18, list the person you want to be the legal guardian of your children until he/she/they turn 18 years of age:

 Full Name of Guardian Full Name of Alternate Guardian

E. Executor of the Estate

The executor is the person you name who will be in charge of handling the probate of your will and estate, the one responsible for gathering your assets, making final payment of debts, and to ensure that your designated beneficiaries receive what you leave them.

This is an important role in the administration of your estate. He/she will be tasked with the job of resolving your affairs and is permitted by statute to charge a fee if he wants.

 Full Name of Executor Full Name of Alternate Executor

F. Medical Directive/Power of Attorney

You may want to designate someone to be able to make medical decisions for you in the event you are unable to make such decisions. This power generally falls to your spouse, or parents if you are not married, but having it in writing can alleviate any disputes between family members as to who has the power to make such decisions for you.

 Full Name of Medical Agent Full Name of Alternate Medical Agent

H. Durable General/Financial Power of Attorney

You may want to designate someone who can act now or at a future time to have access to, and, to manage your financial affairs. If you were to become incapacitated or want a person to act on your behalf in your absence, a person will need a court order or a power of attorney to act on your behalf, to include, purchase assets, sell assets, accessing accounts, incur debts, apply for benefits (soc. sec or disability), etc.

 Full Name of Financial Agent Full Name of Alternate Financial Agent

I. Other information:

Your Signature:

Date:

When this Worksheet is completed, please deliver it to Ruppenthal Law Firm.

(1044 Highway 54 West, Fayetteville, GA 30214) or

(fax 770-692-1143) or

(email bobruppenthal@msn.com)