

b. For any of your living grandchildren whose parents are deceased:

Name of deceased child:

.....

Dates of birth and death:

.....

Name(s) and Date(s) of Birth
of living grandchildren:

.....

.....

(If additional grandchildren with deceased parents, give same info on other side.)

2. Fiduciaries: (in order of priority):

a. Personal Representative (Executor):

(1)

(2)

b. (Optional) Conservator of my Property

(similar to Attorney-in-Fact for *General Power of Attorney*):

(1)

(2)

c. (Optional) Guardian of my Person:

(similar to Attorney-in-Fact for *Medical Power of Attorney & Designee for Living Will*):

(1)

(2)

d. Guardian of my Minor Children:

(1)

(2)

e. Trustees for my Minor Children:

(1)

(2)

3. Devise of Property & Things:
a. (Optional) Disposition of my body:

.....
.....
.....
.....

EXAMPLE: I would prefer cremation unless my family has other desires for my body when I'm through with it, (e.g. medical research). A short, happy memorial service for my transition would be nice. It is only important that my friends and loved ones be together in any manner they choose to celebrate the occasion of my next adventure.

- b. (Optional) Date of handwritten lists of tangible personal property which you wish to attach to your will:

.....
NOTE: You can dispose of a number of the heirlooms, (that rocking chair that Susan wants), and other smaller items of tangible personal property by simply attaching a list of them in your own handwriting. If you wish to do so, please prepare and date it before coming to the work session, and note the date above. You can also later amend or supplement that list with another inventory or list that is in your own handwriting, signed by a witness, and then stored with the original of your will.

- c. (Optional) If I do not hold title as a joint tenant with the right of survivorship, . . . my residence shall be given to:

.....

- d. (Optional) I make other special gifts to the following special persons:

(i.) Name:

Gift:

(ii.) Name:

Gift:

(iii.) Name:

Gift:

(iv.) Name:

Gift:

C. **Additional information needed for LIVING WILL & POWERS OF ATTORNEY:**

8. Persons designated to make decisions (Name and Address):

(1)
.....
.....
.....

(2)
.....
.....
.....

9. Attorney-in-Fact for *General Power of Attorney* (Name and Address):

(1)
.....
.....

(2)
.....
.....

10. Attorney-in-Fact for *Medical Power of Attorney* (Name and Address):

(1)
.....
.....

(2)
.....
.....