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Confidential Last Will & Testament Worksheet

DATE: _____

** The following information is helpful to properly evaluate and prepare your Last Will & Testament.

Self or Husband's Full Name: _____

Self or Wife's Full Name: _____

Current Address: _____

Children (include full name, dob, social security numbers and/or addresses if grown):: _____

PERSONAL REPRESENTATIVE OF THE ESTATE: Who would you want to take care of your affairs regarding to your estate after your death? Surviving spouse is generally first choice. List other choices in order of priority:

GUARDIANS: For minor children, who would you want to serve as their Guardian should both spouses be deceased. The Guardian will have custody of the child(ren), but not necessarily money management.

First choice: _____

Second choice: _____

Is there any person, other than minor children, who is dependent upon you?

Age of minor children for distribution of proceeds from your estate: _____

MONEY MANAGEMENT FOR MINORS: If the person(s) who you want to take care of your children are not the same as the person(s) you want to manage the financial affairs of your minor children please list those below in order of priority.

First choice: _____

Second choice: _____

SPECIFIC PROPERTY TO LEAVE TO INDIVIDUALS: If you have specific pieces of property that you would like to leave to specific individuals - such as guns, grandmother's china set, or other family heirlooms - please list out each specific piece of property and the person, including contact information, for that individual.

PROPERTY	PERSON
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIFE INSURANCE OR OTHER POLICIES PAYABLE ON DEATH: Please list each and every insurance policy that would be payable to you, your spouse or your children upon your death. This does include retirement accounts, such as 401K, Roth IRA, or any combination of retirement accounts. How are they made payable in the event of your death, your spouse's death or in the event both of you die?

List each policy: _____

REAL PROPERTY: Need the legal description, copy of the deed, and copies of any deeds of trust/mortgages on the property. How is this property to be distributed upon your death, your spouse's death or in the event both of you die?

VEHICLES: How are the vehicles titled and held for ownership purposes. How are these vehicles to be distributed in the event of your death, your spouse's death or in the event both of you die?

BANK ACCOUNTS: How are the accounts held by you or your spouse? Is there a POD designation. How are these accounts to be distributed in the event of your death, your spouse's death or in the event both of you die?

RESIDUARY ESTATE: Any property which has not been listed above or distributed, who will receive that property in the event of your death, your spouse's death or in the event that both of you die?

FINANCIAL MANAGEMENT: In the event that you were mentally disabled or deceased, who would you want to manage your financial affairs? Surviving spouse is first choice. List other choices in order of priority:

FOR HEALTH CARE POWER OF ATTORNEY PURPOSES:

Number of doctor's opinions needed to state that you are in a vegetative state with no possibility of recovery (generally one or two):_____

In the event that you were in a vegetative state, who would you want to make the decision regarding your health care? Surviving spouse is first choice. List other choices in order of priority:
