

Write a Will

Complete this form to present to the attorney for your Simple Will with Charitable Gift.

Please print

Your name as you will sign on your document _____

Address _____

Phone Number _____

Your marital status _____ Name of spouse: _____

Do you have children? _____ How many? _____ Are any children minors? _____

BENEFICIARIES OF YOUR ESTATE AT DEATH: Amount or Percent

1. Charities

a. Official Name _____

Address _____

b. Official Name _____

Address _____

2. Others (Name) Relationship Amount or Percent

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHO WILL SERVE AS YOUR EXECUTOR?

1. Name _____ Address _____

2. Alternate _____ Address _____

How will your tangible personal property (i.e. furniture, jewelry, etc.) be distributed?

Spouse _____ Children in equal shares _____ Sold and proceeds added to remainder of estate _____

Other _____

You may arrange for additional provisions or other documents for a fee: Power of Attorney, Advance Directives for Health Care, Appointment of Guardian, Trust provisions. Please consult your attorney.

YOUR DOCUMENT MAY BE EXECUTED AT A LATER DATE BY APPOINTMENT

An Initiative of the PLANNED GIVING COUNCIL OF NORTHEAST INDIANA Committee

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