

Date: \_\_\_\_\_

1. **NAME** (MR/MRS/REV/DR/MS): \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ U.S. Citizen: Yes  No

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name, if applicable: \_\_\_\_\_

MARITAL STATUS: Married Yes  No  Spouse Living Yes  No  Date Married: \_\_\_/\_\_\_/\_\_\_

Previous Marriages(s): N/A 1 2 Previous Marriage terminated by: Death  Divorce

When terminated: \_\_\_\_\_ Where: \_\_\_\_\_  
Month Year City State

Children born prior to present marriage:

A) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State

B) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State

C) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State

2. **SPOUSE** (MR/MRS/ REV/DR/MS): \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ U.S. Citizen: Yes  No

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name, if applicable: \_\_\_\_\_

MARITAL STATUS: Married Yes  No  Spouse Living Yes  No  Date Married: \_\_\_/\_\_\_/\_\_\_

Previous Marriages(s): N/A 1 2 Previous Marriage terminated by: Death  Divorce

When terminated: \_\_\_\_\_ Where: \_\_\_\_\_  
Month Year City State

Children born prior to present marriage:

A) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female

B) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female

C) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female

3. **RESIDENCE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

This form does not replace a will. It is to be used as a worksheet for your attorney to draft or update your will.  
**Note: You should keep three copies of this document for your files.**

**4. LIVING CHILDREN BY PRESENT MARRIAGE:**

- A) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State
- B) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State
- C) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State
- D) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State
- E) \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female   
Full Name City State
- F) If, in the future, children are born or legally adopted, I/we desire they be reflected in my/our plans. Yes  No

**5. DISTRIBUTION OF MY/OUR PROPERTY**

I/We am/are considering distributing my estate as follows:

- A) **SPOUSE:** All to my spouse **outright**  or in **trust**  (Please discuss with your attorney.)

In the event my spouse does not survive me or if I am single, then

- B) **FAMILY, FRIENDS, CHURCH or CHARITY:**

- 1) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 2) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 3) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 4) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 5) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 6) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_

**7) REST, RESIDUE OR REMAINDER**

To my **CHILDREN** divided equally or **THEIR ISSUE** in share and share alike **outright**  or in **trust**  until the youngest child reaches age \_\_\_\_\_. (Please discuss with your attorney.)

**Use 1-6 above if children are to receive unequal amounts.**

- C) I want to make a list of special items I want to leave to specific people or organizations. Yes  No

- D) If my entire immediate family were to die at one time I want everything distributed as follows:

- 1) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 2) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 3) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_
- 4) \_\_\_\_\_ % OR (\$\_\_\_\_\_) to \_\_\_\_\_

**6. SETTLING MY AFFAIRS**

A.) I want my spouse to settle my affairs at my death. Yes  No

If I don't have a spouse when I die or my spouse does not want to or can't settle my affairs, I want:

1) Name/Relationship: \_\_\_\_\_

City, State: \_\_\_\_\_ if possible, or:

2) Name: \_\_\_\_\_

City, State: \_\_\_\_\_ if possible, or:

B.) I want my estate to be settled in the simplest method possible: Yes  No

**7. CARING FOR MY YOUNG CHILDREN**

A.) I want the following people to raise my child(ren):

1) Name/Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_ If they can't or don't want to then I want:

2) Name/Relationship: \_\_\_\_\_

City/State: \_\_\_\_\_

B.) I want the following people to manage the financial matter of my children(ren) if they are not of age:

1) Name/Relationship: \_\_\_\_\_

City, State: \_\_\_\_\_ if possible, or:

2) Name/Relationship: \_\_\_\_\_

City, State: \_\_\_\_\_

**8. APPROXIMATE GROSS ESTATE**

	HIS	HERS	JOINTLY	TOTAL
House:	\$ _____	\$ _____	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____	\$ _____	\$ _____
IRA/Retirement Assets:	\$ _____	\$ _____	\$ _____	\$ _____
Car(s):	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry:	\$ _____	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

9. I/WE ARE INTERESTED IN HAVING THE FOLLOWING LEGAL DOCUMENTS PREPARED

- Last Will and Testament
- Revocable Living Trust
- Living Will (Health Care Directive)
- Durable Power of Attorney for Health Care
- Durable Power of Attorney for Finances

10. COMMENTS

---

---

---

---

I/We understand I/we will be responsible for the cost of preparing any legal documents. I/We acknowledge that, although this form was provided as a service by Mount Vernon Nazarene University, I/we realize I/we have chosen the services of an attorney and have chosen voluntarily to divide my/our assets as stated above.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For any gift to Mount Vernon Nazarene University, please use the following address:

**Mount Vernon Nazarene University  
University Advancement  
800 Martinsburg Road  
Mount Vernon, OH 43050**

For any gift to a local church or ministry, please indicate name, city and state.