

Instructions for Unmarried Will Form

1. This form below is to be used if you are currently unmarried. If that does not describe your situation, select the ***Will form – Married*** from the ***Resources*** drop-down tab at wardlawfirm.com.
2. You may download this form to your hard drive, save your progress, and return at a later time to complete the form.
3. If you do not wish to download the form, simply print the form, and complete it by hand.
4. When your form is complete, you may
 - a. **Email** it to our Legal Assistant, Dina Sullivan at dcs@wardlawfirm.com ;
 - b. **Fax** the completed form to Dina Sullivan at (317) 637-1919; or
 - c. **Mail** the form to the attention of Dina Sullivan at Ward & Ward Law Firm, 728 S. Meridian St., Indianapolis, IN 46225
5. Upon receipt of your completed form, attorney Charles Ward will review your information, after which Dina Sullivan will rough draft your documents.
6. Your *Will* and supporting legal documents, including *Appointment of Healthcare Representative, Living Will and Durable General Power of Attorney*, will be returned to you via email for your approval. After which the attorney will review the final documents, and an appointment will be made at your convenience to execute your final legal documents before two witnesses. Please feel free to call the office at any time with questions.

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Will Information Form (Single Clients)

Personal Information:

Name: _____ Email: _____
Address: _____ City: _____ St: _____ Zip: _____
County: _____
Home Tel: _____ Work Tel: _____
Cellular Tel: _____
Date of Birth: _____ SSN (Last 4 digits): XXX-XX- _____

Children's Names and Addresses: *(if applicable)*

Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____
Name: _____ DOB: _____
Address *(if different)* : _____

**Add additional children on a separate sheet and attach to this form*

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Personal Representative or Co-Personal Representatives of Estate

(Note: A Personal Representative is the person(s) you name in your will that you want to be in charge of administering your estate, i.e. collecting your assets, paying your bills, distributing your assets to your named heirs).

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

Alternate Personal Representative (s)

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

Trustee or Co-Trustees for Minor Children under 18:

(Note: A Trustee is the person(s) you name in your will that you want to be in charge of managing funds they receive from your estate that are to be used solely for the health, education and welfare of your minor children.)

1st Choice: _____ Relationship: _____

Co-Trustee: _____ Relationship: _____
(If Applicable)

Alternate Trustee(s) for Minor Children under 18:

1st Choice: _____ Relationship: _____

Co-Personal Rep: _____ Relationship: _____
(If Applicable)

Guardian or Co-Guardians of Minor Children

Guardian or Co-Guardians for Minor Children under 18:

(Note: A guardian is the person(s) you name in your will that you want to be in charge of raising your minor children. It is your guardian's duty and responsibility to provide for your children's health, education and welfare.

_____ Relationship: _____

_____ Relationship: _____

Alternate Guardian or Co-Guardian(s) for Minor Children under 18:

_____ Relationship: _____

_____ Relationship: _____

Distribution of Estate:

Briefly describe how you want your estate distributed and who you want it distributed to. Use additional sheet if necessary:

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Advance Directives

Advance Directives include the Appointment of Health Care Representative(s),
Durable General Power of Attorney(s), and a Living Will Declaration.

Health Care Representative (s)

Health Care Representative or Co-Health Care Representatives:

Representative _____ Relationship: _____

Co-Rep _____ Relationship: _____
(If Applicable)

Alternate Health Care Representative or Co-Health Care Representative(s):

Alternate _____ Relationship: _____

Co-Rep Alternate _____ Relationship: _____
(If Applicable)

Durable General Power of Attorney(s)

Durable General Power of Attorney or Co-Attorneys:

Power of Attorney _____ Relationship: _____

Co-Attorney _____ Relationship: _____
(If Applicable)

Alternate Durable General Power of Attorney or Co-Attorney(s):

Alternate _____ Relationship: _____

Co-Alternate _____ Relationship: _____
(If Applicable)

END

Return your completed form to:

Ward & Ward Law Firm
728 South Meridian Street
Attention: Dina Sullivan
Indianapolis, IN 46225

-or-

Attach and Email your completed form to dc@wardlawfirm.com

-or-

FAX your completed form to: (317) 637-1919