

Instructions for Married Will Form

1. The form below is to be used if you are currently married. If that does not describe your situation, select the ***Will form – Unmarried*** 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** the completed form 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 completed 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. Your 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.

[Go to form](#)

Will Information Form (Married)

Your Information:

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

County: _____ Email: _____

Home Tel: _____ Work Tel: _____

Cellular Tel: _____

Date of Birth: _____ SSN (Last 4 digits): XXX-XX- _____

Husband/Wife Information:

Spouse's Name: _____ Spouse's Email: _____

Work Tel: _____ Cellular Tel: _____

Date of Birth: _____ SSN (Last 4 digits): XXX-XX- _____

Children's Names and Addresses:*

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*

[Next page](#)

Personal Representative 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 (collecting your assets, paying your bills, distributing your assets to your named heirs).

Husband ←→ Wife

Alternate Personal Representative or Co-Personal Representatives of Estate:

_____ Relationship: _____

_____ Relationship: _____

Trustee(s) of Minor Children

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.)

_____ Relationship: _____

_____ Relationship: _____

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

_____ Relationship: _____

_____ Relationship: _____

Guardian(s) 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

(Note: Please complete this section only if you have special instructions for distribution. Otherwise we will prepare standard Wills, leaving all property to the surviving spouse, and in the event of both deaths, to all children in equal shares. If you have no children, you may want to name a contingent beneficiary or beneficiaries below. Use an additional sheet if necessary.

Briefly describe how you want your estate distributed and who you want it distributed to:

Next page

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:

Husband \longleftrightarrow Wife

Alternate Health Care Representative or Co-Health Care Representatives (*circle choice*):

_____ Relationship: _____

_____ Relationship: _____

Durable General Power of Attorney:

Husband \longleftrightarrow Wife

Alternate Durable General Power of Attorney or Co-Attorneys (*circle choice*):

_____ Relationship: _____

_____ Relationship: _____

End of form.

Mail 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