

Will Worksheet

Last Name: **Garner**

Ticket Number: **dKjkj9Fb**

Form: **Will Worksheet**

Biographical Information

Full Legal Name: **RANDALL AARON GARNER**

Sex: **Male**

Address Line 1: **6834 Sigri St**

Address Line 2:

City: **Las Vegas**

State: **Nevada**

Zip Code: **89166**

Contact Phone: **2814511977**

State of Legal Residence: **Texas**

Are you a U.S. citizen?: **Yes**

Services Requested (CHECK ALL THAT APPLY):

Will:Yes Living Will:Yes Durable POA for Health Care:No

Family Information

Military Status: **In military service**

Marital Status: **Married once and spouse alive**

Spouse Full Name: **MONICA VALENCIA SOCIA**

Is spouse a U.S. citizen? : **Yes**

Do you have any biological or adopted children?: **No**

Are any of the children listed above from a prior marriage or relationship?: **No**

Do you have any step-children, from a current or previous marriage, you did not list above?: **Yes**

Do you have any step-children you would like to treat the same as biological children so they would share equally in the estate?: **No**

Estate Information

Estimated value of your estate: **between \$500,000 and \$1 million**

Do you own a farm or family-owned business?: **No**

Do you own any real estate (land) you want to leave to your heirs under your will?: **Yes**

How many pieces of real estate do you own?: **1**

Location of Real Estate: **Texas**

Have you previously established a trust, such as a living trust or supplemental needs trust?: **No**

Specific and Residuary Gifts

Do you want to treat your real estate and personal property the same?: **Yes**

Do you want to give all of your property (the residuary estate), in percentages or as a whole, to named individual(s), such as your spouse (frequently yes)?: **Yes**

Would you like your residuary estate to go to your spouse?: **Yes**

If your spouse passes away before you, would you like your residuary estate to go to your children in equal shares? This is the most common choice. You will have the option later to choose a person to manage the property and money you give your children until they reach the age of majority.: **No**

Would you like to disinherit someone? Disinheriting someone means that it is your desire that the individual receive nothing from your estate. Most jurisdictions will not allow a spouse to be completely disinherited, but if that is your desire please say so here. If you did not want an individual you adopted to

inherit from your estate, you would need to specifically disinherit him or her. You will have the opportunity to discuss this issue further with an attorney, but please put your current desires here.: **No**

Specific and Residuary Gifts

Do you want to establish a trust for the benefit of (a) pet(s)?: **No**

Executor/Administrator/Personal Representative

Please provide the Full Legal Name of your desired Executor to handle your affairs after your death.:

MONICA VALENCIA SOCIA

Relationship (e.g., brother): **Spouse**

State where this person resides?: **Nevada**

The person you named above may be unable or unwilling to act as your personal representative. Who do you want to name as your first alternate representative?:

Full Legal Name: **DEBRA KAY PEMBERTON**

Relationship: **Mother**

Who do you want to name as your second alternate personal representative?:

Full Legal Name: **BRADLEE KYLE HENDERSON**

Relationship: **Brother**

Do you want to name any additional alternates?: **No**

Funeral Arrangements

Do you wish to express your desires regarding funeral arrangements?: **Yes**

Please indicate your desire: **To be buried at a specific grave site or location**

Do you desire full military honors?: **Yes**

Describe any other specific desires, including location for funeral, burial, or scattering of ashes.: **My wife and I wish to be buried side-by-side in Las Vegas, NV, preferably at a military cemetery if possible.**

Living Will

Upon your death, do you wish to donate your organs for transplant?: **No**

In the event of an incurable, terminal medical condition, or persistent and irreversible unconsciousness, do you desire life-sustaining treatment such as breathing machines or CPR?: **No**

Do you desire life-sustaining treatment such as food and water through a tube if you can no longer chew or swallow on your own?: **No**

Do you wish to express a desire to die at home rather than in a hospital?: **Yes**