

Date of Interview _____
Referred by OR how did you hear about us? _____

Information Needed for Drafting Your Will

State your full **legal** name: _____

Social Security Number: _____

Age: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____

State: _____ County: _____

If less than one year at current address, please list previous address:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If married, state your spouse's full **legal** name: _____

Spouse's Social Security: _____ Age: _____ Date of Birth _____

Date of Marriage: _____ Place of Marriage: _____

Spouse's Maiden Name, if applicable: _____

Do you currently live with your present Spouse? Yes _____ No _____

Prior Marriages

Please list all previous marriages for each Spouse, including date and place of marriages, date and place of divorces, or date of Spouse's death (if applicable) : _____

Immediate Family Relatives

Children's Names Date of Birth Marital Status Date of Death (if applicable)

Children's Names (**prior marriages**) Date of Birth Marital Status Date of Death (if applicable)
List Spouse's name next to child's name in parenthesis.

Will Provisions

Please state the name, address, and phone number of the person you wish to be the Personal Representative of your estate (keep in mind that this will be a stressful time and your Spouse may not be the best person to handle your estate) _____

Please state the name, address, and phone number of an alternate Personal Representative:

Do you want the Personal Representative (person handling your estate) to have a cash bond requirement? Yes ___ No ___

Assets

Please list the full address of all Real Property you own:

Please list the names of every banking institution that you have an account:

Please list names of any institution that you might have life insurance, stocks, or bonds:

Please indicate, by checking the appropriate option, how you want your assets to pass when you die:

_____ **I want my assets to pass to my spouse and children as follows:**

To Spouse, if surviving. If my Spouse predeceases me, my assets will be divided in equal shares among my children. If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.

_____ **I am unmarried with children and want my assets to pass as follows:**

In equal shares to my children. If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.

_____ **I am unmarried and have no children. I want my assets to pass as follows:**

Name	Address	Percentage of estate
------	---------	----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **None of the above. I want my assets to pass as follows:**

If you have children under the age of 18, please state the name, address, and relationship of the person(s) you wish to act as their Guardian in the event of you and your Spouse are both deceased. You should consult the person(s) you choose prior to executing your Will.

Guardian's Name(s): _____

Guardian's Address: _____

Guardian's City: _____ Guardian's State: _____

Relationship: _____

Please list an alternate Guardian in case the person named above is unable to serve as Guardian:

Alternate Guardian's Name(s): _____

Alternate Guardian's Address: _____

Alternate Guardian's City: _____ Alternate Guardian's State: _____

Relationship: _____

Do you want the appointed Guardian to also be the Conservator of any assets inherited by the minor children (manage the children's finances)? Yes _____ No _____

If no, please list the person/entity and their address and phone number:

If the person/entity is unable to serve as the Conservator, please list an alternate:

Previous Wills

Do you currently have a will or has one ever been drafted for you? Yes _____ No _____

Information Needed for Drafting Your Durable Power of Attorney

You must appoint an agent to handle your financial affairs in case you are unable, please list your first choice and then an alternate in the event your first choice is unable to serve as your agent. **Include their names, addresses, and telephone numbers**

Agent 1: _____

Agent 2: _____

Information Needed for Drafting Your Medical Power of Attorney

You must appoint an agent to handle your health care decisions in case you are unable, please list your first choice and then an alternate in the event your first choice is unable to serve as your agent. **Include their names, addresses, and telephone numbers**

Agent 1: _____

Agent 2: _____

Health Care Directive (Living Will)

No information needed, you will make the selections when you execute the document.