

Will Intake Sheet

Full Legal Name of Client _____ Sex: M___F___

Date of birth _____ Telephone Number: _____

Address: _____

Email: _____

Full Legal Name of Spouse/ Partner (If Applicable): _____

Date of birth of Spouse/ Partner: _____ Sex of Spouse/ Partner: M___F___

Children's Names and Date of births If (If Applicable)

Are any of your children disabled? (Please Circle) Yes or No

*******Fill out the following Section if your children are under the age of 21*******

If any of your children are under 18 years of age who would you like to be the guardian of them if you were to die prior to them turning 18? Alternate if first choice predeceases you.

First: _____

Alternate: _____

Who would you like to be the trustee of your children's money if you were to die when they were still minors? This can be the same person as the guardian or a different person.

First: _____

Alternate: _____

At what age would you want your child to have free unrestricted access to the money? Under the law an 18 year old is an adult, but many people do not want them to be able to go into a bank and take out all of the money at that age. Would you prefer to let them have unrestricted access at a different age like 21?

*******Distribution of Property (If Single or Widowed)*******

How would you like your estate distributed? If multiple parties are being named please provide the item or percentage they should receive.

If you are leaving anything to a person whom has children, would you like their children to inherit if this person predeceases you? (Please Circle) Yes or No

*******Distribution of Property (If Married) *******

When the first spouse/partner dies is everything passing to the other spouse/partner? If not, how do you want it distributed?

After both spouses/partners are deceased how would you like your property distributed?

*******Distribution of Property if Leaving to Children (If Applicable) *******

If your child was to predecease you, but had children of their own, would you want their share to go to their children? (Please Circle) Yes or No

If not how would you want it distributed? _____

*******Executor/Executrix*******

Who do you want to be the executor/ executrix of your will? That is the person who handles distributing your property and filing the appropriate forms with the probate court? It is usually is a spouse/ partner or adult child first and then an alternate.

First: _____

Alternate: _____

Power of Attorney

We recommend that all clients choose someone that they trust to be their power of attorney that is a person who can legally act on your behalf if you become incapacitated. It is usually your spouse/ partner first and then many people do one to a child as an alternate. If you are single or widowed and do not have children you can pick a different relative or friend that you trust to perform this role for you.

Who would you like to be your power of attorney? Please list their name and address

Do you want an alternate Power of Attorney? If yes, list their name(s) and address(es).

Heath Care Representative

You should select someone to be able to make health care decisions for you if you cannot make them yourself.

Name of Person who can make health care decisions: _____

Alternate Person to make health care decisions: _____

Living Will

A living will is an advance directive that if you are legally brain dead or terminally ill with no hope of recovery that you do not want heroic measures such as artificial resuscitation or being hooked to a respirator. Do you want one of these? (Please Circle) Yes or No

Would you like to receive your drafts via email? (Please Circle) Yes or No

If you choose not to receive emailed drafts, we will mail drafts to your address listed on Page 1. If you have another address you would like the drafts sent or wish to pick them up from our office please notate below.

If you have any questions regarding any of these documents please list them below so an attorney can follow-up with you.