

CLIENT DATA FORM FOR WILLS and POWER OF ATTORNEY

Please complete this questionnaire. It is important that you complete ALL items so that we have the information needed to draft your document(s). If a question does not apply to you, write N/A in the appropriate blank. If you need more space, use extra sheets and specify the question you are referring to. If you need assistance in answering a question, call our office. All information will be held in strict confidence.

DATE _____

1. State your full name: _____
First Middle Last
Any other name(s) you have used:

Age _____, date of birth _____, Social Security # _____

2. Current address: _____
(street address)
City: _____, County _____, Zip _____

Home phone: _____ Work phone: _____

3. Current Marital status: ___ Single ___ Divorced ___ Widowed ___ Married
If you are married, state your spouse's full name:

Spouse's address: _____

Please give the name of any prior spouses, if any, and the date the marriage ended:

Name of ex-spouse _____ Date marriage ended _____

Name of ex-spouse _____ Date marriage ended _____

Name of ex-spouse _____ Date marriage ended _____

4. If you have children, please give the following information:

FULL NAME _____ Son ___ Daughter Age _____

Address _____ County _____

FULL NAME _____ Son ___ Daughter Age _____

Address _____
County _____

FULL NAME _____ Son _____ Daughter Age _____

Address _____

County _____

FULL NAME _____ Son _____ Daughter Age _____

Address _____

County _____

FULL NAME _____ Son _____ Daughter Age _____

Address _____

County _____

FULL NAME _____ Son _____ Daughter Age _____

Address _____

County _____

5. If any of your children are under the age of eighteen (18), state the full name, address and relationship (if any) of the person you wish to act as their custodian in the event of your death (in the case of a single parent) or in the case of the joint death of you and your spouse (if married). You should obtain the consent of that person(s) before executing your Will.

Name _____

Relationship _____

Address _____

City _____ County _____ State _____ Zip _____

If the person named above is unwilling or unable to serve as custodian, please list an alternative:

Alternate 1:

Name _____

Relationship _____

Address _____

City _____ County _____ State _____ Zip _____

Alternate 2:

Name _____

Relationship _____

Address _____

City _____ County _____ State _____ Zip _____

6. List the following information:
a. Real estate owned by you in whole or in part:

ADDRESS _____
LEGAL DESCRIPTION _____

ADDRESS _____
LEGAL DESCRIPTION _____

ADDRESS _____
LEGAL DESCRIPTION _____

- b. Savings accounts, Checking Accounts, Certificates of Deposits, Money Market Accounts, Pension Plans, Profit Sharing Plans, 401(K) Plans, or other plans or accounts:

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

TYPE _____ LOCATION _____
ACCOUNT NUMBER _____ VALUE _____

c. Stocks, Bonds, Securities or other investment information:

d. If you have an annuity, please bring the policy with you so that I may determine what type of annuity is.

7. List life insurance information:

- a. Cash surrender value of any life insurance policies \$ _____
- b. Death value of any life insurance policies \$ _____
- c. Cash surrender value of life insurance on spouse \$ _____
- d. Death value of life insurance policy on spouse \$ _____
- e. Retirement Benefits or Annuities \$ _____
- f. Retirement or Death Benefits from sources other than employment \$ _____

8. Who is your life insurance agent? _____

9. Do you have any transferable licenses (especially as to guns or business)? no yes
If yes, list the license(s): _____

10. Did you or your spouse own any of your property prior to marriage, or receive property by survivorship, gift, inheritance or by bequest through a Will or Trust?

11. Does any Beneficiary receive a government benefit (Medicaid, Social Security, or other benefit)? If yes, state name/relationship/type of benefit _____

Social Security, Disability, Veteran's Benefits, or Pension Plan income:

- Social Security \$ _____ per month
- Disability \$ _____ per month
- Veteran's Benefits \$ _____ per month
- Pension Plan income \$ _____ per month
- Other income \$ _____ per month

12. a. Generally, most MARRIED people provide that upon their death their property passes:
- (1) To surviving spouse.
 - (2) If spouse predeceases you, your property will be divided in equal shares among all your living children.
 - (3) If your spouse and one of your children predecease you, that child's share in your estate is distributed to his or her children (your grandchildren) in equal shares.

- b. Most UNMARRIED persons with children provide that upon their death, their property passes:
- (1) In equal shares to all your living children.
 - (2) If one or more of your children predecease you, that child's share in your estate is distributed to his or her children (your grandchildren) in equal shares.

IF YOU HAVE BEEN DIVORCED, DOES THE DECREE PROVIDE FOR ALIMONY OR CHILD SUPPORT AFTER DEATH? _____ Yes ___ No

___ CHECK HERE IF YOU DO NOT WISH YOUR PROPERTY TO PASS IN THE MANNER SET FORTH ABOVE IN PARAGRAPH 12.

DESCRIBE YOUR ALTERNATE PLAN: _____

DO YOU WISH TO SPECIFICALLY EXCLUDE ANYONE FROM YOUR WILL? ___ No
 ___ Yes IF YES, PLEASE SPECIFY:

13. a. If you are UNMARRIED and presently have NO CHILDREN, list the names and addresses of the person(s) you wish to receive your property. (If more than one person is named, property will pass in equal shares to all listed below who survive you):

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

b. If all the persons listed in 12.a. predecease you, list any alternative beneficiaries.

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____

14. Many people make special provisions for family heirlooms, jewelry or other items of special value to friends or relatives. If you have such property and wish it left to a specific person, please complete the following:

ITEM _____ RECIPIENT _____
SPECIAL IDENTIFYING FEATURES _____

ITEM _____ RECIPIENT _____
SPECIAL IDENTIFYING FEATURES _____

ITEM _____ RECIPIENT _____
SPECIAL IDENTIFYING FEATURES _____

ITEM _____ RECIPIENT _____
SPECIAL IDENTIFYING FEATURES _____

ITEM _____ RECIPIENT _____
SPECIAL IDENTIFYING FEATURES _____

15. The person charged with administering your estate, paying taxes and other debts, marshalling, preserving, and managing your estate assets and property is called an EXECUTOR/EXECUTRIX. State the name and address of the person you wish to serve in this role along with any alternative choices.

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

16. The person charged with executing your STATUTORY DURABLE POWER OF ATTORNEY is called an agent. State the name and address of the person(s) you wish to serve in this role, along with any alternative choices.

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

Alternate 1:

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

Alternate 2:

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

Alternate 3:

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

WOULD YOU LIKE YOUR STATUTORY DURABLE POWER OF ATTORNEY to become effective? ___ immediately ___ upon disability or incapacity

17. If you are requesting a DURABLE POWER OF ATTORNEY FOR HEALTH CARE, who would you like to receive copies of this document?

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

WHERE WILL YOU BE KEEPING THE ORIGINAL OF THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE?

State the name of the person you wish to make health care decisions for you upon your disability or incapacity. Also, list any alternate choices.

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

Alternate 1:

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

Alternate 2:

FULL NAME _____ RELATIONSHIP _____
ADDRESS _____

18. Do you have a long-term care insurance policy? If so, please bring the policy with you. If you have a Medicare Supplemental Policy please bring it with you also.

19. Did you or your spouse serve in the military? If so, please list the dates of service and whether you served in a war zone. Please indicate where you served and the branch of the military in which you served.

Do you know where your discharge papers are?

20. If there is there any additional information you feel would assist us in Preparing your Will or Power of Attorney documents, please write it below:

ADVISORS

The following list should be completed and provided to your agents and named executors.

It would assist me if you permit me to contact any insurance company or financial institution to determine the status of title and designation of beneficiaries. This should be done for each pension plan, IRA account, life insurance policy or annuity.

Do I have your permission to contact such companies? ___ Yes ___ No

Accountant--Personal: _____

Accountant-Business: _____

Attorney-Personal: _____

Attorney-Business: _____

Banker/Trust Officer: _____

Bank Name and Address: _____

Life Insurance Advisor: _____

Company Name and address: _____

Casualty Insurance Advisor: _____

Investment Advisor/Broker: _____

Name and Address: _____

Personal Physician: _____

Business Associates: _____

Other Advisors Not Listed Above: