

INDIVIDUAL PRELIMINARY INFORMATION FOR WILL

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

JR., SR. II, III, IV? _____

Name I prefer to be called: _____

DATE OF BIRTH: _____

SSN: _____

HOME ADDRESS _____

HOME CITY: _____ HOME STATE: _____ HOME ZIP: _____

COUNTY OF RESIDENCE: _____ HOME PHONE: _____

CELL PHONE: _____

Send Mail Where? Home _____ Office _____ Other _____

How do you prefer for mail to be addressed? (i.e. "Mr. or Mrs.") _____

Where is the best place to reach you? _____

OCCUPATION: _____

PLACE OF EMPLOY: _____

WORK ADDRESS: _____

WORK ADDRESS: _____

CITY, STATE, ZIP: _____

WORK PHONE: _____

FAX: _____

E-MAIL: _____

		<u># of Grandkids</u>
CHILDREN: (1)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(2)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(3)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(4)	_____ AGE: _____	_____
address:	_____	

phone:	_____	
(5)	_____ AGE: _____	_____
address:	_____	

phone:	_____	

ASSET INFORMATION

VALUE

COMMENTS

Life Insurance

IRAs, 401(k)'s, Profit Sharing, etc.

Residence

Other Real Estate

Stocks, Bonds, Mutual Funds

Cash, CD's Savings, Checking

Notes Where People Owe You Money

Business Interests

Cars, Jewelry, Furniture, etc.

TOTAL ESTATE**

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****NOTE:** It is very important that we have accurate information about the total value of your estate. Your "estate" consists of all property that you own or have any interest in, including the face value of all insurance policies on your life. The total value of your estate determines whether you require planning to avoid or minimize estate taxes. If you have a current financial statement ("Net Worth Statement"), you may attach a copy in lieu of completing this portion of the form. **PLEASE CONFIRM THAT THE AMOUNT LISTED ABOVE FOR YOUR "TOTAL ESTATE" IS ACCURATE AND CORRECT BY SIGNING BELOW.**

I certify that the above-stated information, including the amount of my "TOTAL ESTATE", is accurate and correct:

SIGNED _____.

Please provide us with copies of your existing Wills, Trust Agreement(s), Powers of Attorney, and Living Wills.

Did anyone refer you to us? Yes ___ No ___ If yes, whom may we thank? _____

Would you like for this referral source to be copied on correspondence? Yes ___ No ___

What topics would you like to discuss at your appointment?

WHO DO YOU WANT TO NAME AS THE EXECUTOR OF YOUR ESTATE?

IMPORTANT: PLEASE STATE THE RELATIONSHIP OF THE PERSON TO YOU (father, brother, sister-in-law, etc.)

1. Name: _____
Address: _____

Phone: _____
Relationship: _____
2. Name: _____
Address: _____

Phone: _____
Relationship: _____
3. Name: _____
Address: _____

Phone: _____
Relationship: _____

**WHO DO YOU WANT TO NAME AS GUARDIANS OF YOUR CHILDREN (if applicable)?
(Two persons can serve together as long as they are married.)**

1. Name: _____
Address: _____

Phone: _____
Relationship: _____
2. Name: _____
Address: _____

Phone: _____
Relationship: _____
3. Name: _____
Address: _____

Phone: _____
Relationship: _____

WHO DO YOU WANT TO NAME AS AGENT ON YOUR BUSINESS POWER OF ATTORNEY?

(This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

	Name(s)	Relationship
1.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	
2.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	
3.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	

WHO DO YOU WANT TO NAME AS AGENT ON YOUR MEDICAL POWER OF ATTORNEY

1.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	
2.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	
3.	Name: _____	
	Address: _____	
	Phone: _____	
	Relationship: _____	

Where do you plan to keep your original documents? _____