## CLIENT DATA SHEET: LAST WILL AND TESTAMENT

#### **Return to:**

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#### I. PERSONAL CONFIDENTIAL INFORMATION

# A. Husband Full Legal Name Formally Known As/Also Known As Address City State Zip Phone Number Email Social Security Number Date of Birth Previous marriages? Y or N If yes, list terminating event(s) and date(s): B. Wife Full Legal Name Formally Known As/Also Known As Address City Zip State Phone Number Email Date of Birth Social Security Number Previous marriages? Y or N If yes, list terminating event(s) and date(s):

# C. Children

#### 1. Child

| Full Legal Name                      | Formally Kno                  | own As/Also Known As |
|--------------------------------------|-------------------------------|----------------------|
| Address                              |                               |                      |
| City                                 | State                         | Zip                  |
| Phone Number                         | Email                         |                      |
| Date of Birth                        | Social Securi                 | ty Number            |
| Name of Spouse (if applicable)       |                               |                      |
| Children of Child (if applicable) (P | Please list date of birth for | or each grandchild)  |
| Children of Child (if applicable) (P | Please list date of birth for | or each grandchild)  |
| Check: ☐ Marital ☐ Illegitimate [    | ☐ Prior Marriage ☐ Ado        | opted                |
| Check: □Male □Female                 |                               |                      |

3

#### 2. Child

| Full Legal Name                     | Formally Kno                  | own As/Also Known As |
|-------------------------------------|-------------------------------|----------------------|
| Address                             |                               |                      |
| City                                | State                         | Zip                  |
| Phone Number                        | Email                         |                      |
| Date of Birth                       | Social Securi                 | ty Number            |
| Name of Spouse (if applicable)      |                               |                      |
| Children of Child (if applicable) ( | Please list date of birth for | or each grandchild)  |
| Children of Child (if applicable) ( | Please list date of birth for | or each grandchild)  |
| Check: ☐ Marital ☐ Illegitimate     | ☐ Prior Marriage ☐ Ad         | opted                |
| Check: □Male □Female                |                               |                      |

#### 3. Child

| Full Legal Name                          | Formally Kno           | own As/Also Known As |
|--|------------------------|----------------------|
| Address                                  |                        |                      |
| City                                     | State                  | Zip                  |
| Phone Number                             | Email                  |                      |
| Date of Birth                            | Social Securi          | ty Number            |
| Name of Spouse (if applicable)           |                        |                      |
| Children of Child (if applicable) (Pleas | e list date of birth f | or each grandchild)  |
| Children of Child (if applicable) (Pleas | e list date of birth f | or each grandchild)  |
| Check: ☐ Marital ☐ Illegitimate ☐ P      | rior Marriage □Ad      | lopted               |
| Check: ☐Male ☐Female                     |                        |                      |

## D. Paternal Parents

#### 1. Father

| Full Legal Name | Formally Kno   | Formally Known As/Also Known As |  |
|-----------------|----------------|---------------------------------|--|
| Address         |                |                                 |  |
| City            | State          | Zip                             |  |
| Phone Number    | Email          |                                 |  |
| Date of Birth   | Social Securit | y Number                        |  |
| 2. Mother       |                |                                 |  |
| Full Legal Name | Formally Kno   | own As/Also Known As            |  |
| Address         |                |                                 |  |
| City            | State          | Zip                             |  |
| Phone Number    | Email          |                                 |  |
| Date of Birth   | Social Securit | v Number                        |  |

## E. Maternal Parents

#### 1. Father

| Full Legal Name | Formally Kno  | Formally Known As/Also Known As |  |
|-----------------|---------------|---------------------------------|--|
| Address         |               |                                 |  |
| City            | State         | Zip                             |  |
| Phone Number    | Email         |                                 |  |
| Date of Birth   | Social Securi | Social Security Number          |  |
| 2. Mother       |               |                                 |  |
| Full Legal Name | Formally Kno  | own As/Also Known As            |  |
| Address         |               |                                 |  |
| City            | State         | Zip                             |  |
| Phone Number    | <br>Email     |                                 |  |
| Date of Birth   | Social Securi | ty Number                       |  |

## F. Husband's Siblings

# 1. Sibling

| Full Legal Name                    | Formally Kno                   | Formally Known As/Also Known As |  |
|------------------------------------|--------------------------------|---------------------------------|--|
| Address                            |                                |                                 |  |
| City                               | State                          | Zip                             |  |
| Phone Number                       | Email                          |                                 |  |
| Date of Birth                      | Social Securit                 | Social Security Number          |  |
| Name of Spouse (if applicable)     |                                |                                 |  |
| Children of Sibling (if applicable | e) (Please list date of birth) | )                               |  |
| Check: □Male □Female               |                                |                                 |  |
| 2. Sibling                         |                                |                                 |  |
| Full Legal Name                    | Formally Kno                   | own As/Also Known As            |  |
| Address                            |                                |                                 |  |
| City                               | State                          | Zip                             |  |
| Phone Number                       | <br>Email                      |                                 |  |
| Date of Birth                      | Social Securit                 | ty Number                       |  |
| Name of Spouse (if applicable)     |                                |                                 |  |

| Children of Sibling (if applicable) (Ple | ase list date of birth | )                    |
|--|------------------------|----------------------|
| Check: □Male □Female                     |                        |                      |
| 3. Sibling                               |                        |                      |
| Full Legal Name                          | Formally Kno           | own As/Also Known As |
| Address                                  |                        |                      |
| City                                     | State                  | Zip                  |
| Phone Number                             | Email                  |                      |
| Date of Birth                            | Social Securi          | ty Number            |
| Name of Spouse (if applicable)           |                        |                      |
| Children of Sibling (if applicable) (Ple | ase list date of birth | )                    |
| Check: □Male □Female                     |                        |                      |

## G. Wife's Siblings

## 1. Sibling

| Full Legal Name   | Formally Known As/Also Known As |                      |
|---|---------------------------------|----------------------|
| Address   |                                 |                      |
| City  | State                           | Zip                  |
| Phone Number  | Email                           |                      |
| Date of Birth   | Social Security Number          |                      |
| Name of Spouse (if applicable)  |                                 |                      |
| <ul><li>Children of Sibling (if applicable) (Pl</li><li>Check: □Male □Female</li><li>2. Sibling</li></ul> | ease list date of bilting       | )                    |
| Full Legal Name   | Formally Kno                    | own As/Also Known As |
| Address   |                                 |                      |
| City  | State                           | Zip                  |
| Phone Number  | Email                           |                      |
| Date of Birth   | Social Securit                  | ty Number            |
| Name of Spouse (if applicable)  |                                 |                      |

| Children of Sibling (if applicab | le) (Please list date of birth) |                     |
|----------------------------------|---------------------------------|---------------------|
| Check: □Male □Female             |                                 |                     |
| 3. Sibling                       |                                 |                     |
| Full Legal Name                  | Formally Know                   | wn As/Also Known As |
| Address                          |                                 |                     |
| City                             | State                           | Zip                 |
| Phone Number                     | Email                           |                     |
| Date of Birth                    | Social Security                 | / Number            |
| Name of Spouse (if applicable)   |                                 |                     |
| Children of Sibling (if applicab | le) (Please list date of birth) |                     |
| Check: □Male □Female             |                                 |                     |
| F. Other Beneficiary             | of the Estate                   |                     |
| Full Legal Name                  | Formally Know                   | wn As/Also Known As |
| Address                          |                                 |                     |
| City                             | State                           | Zip                 |
| Phone Number                     | <br>Email                       |                     |

| Date of Birth               | Social Security Nu      | Social Security Number          |  |
|-----------------------------|-------------------------|---------------------------------|--|
| II. DESIGNATION OF          | F GUARDIAN FOR MINOR CH | IILDREN                         |  |
| A. Guardian(s)              |                         |                                 |  |
| Name of Guardian            | Formally Known A        | As/Also Known As                |  |
| Name of Co-Guardian         | Formally Known A        | Formally Known As/Also Known As |  |
| Address                     |                         |                                 |  |
| City                        | State                   | Zip                             |  |
| Phone Number                | Email                   |                                 |  |
| Date of Birth               | Social Security Nu      | umber(s)                        |  |
| B. Alternative Gua          | rdian(s)                |                                 |  |
| Name of Alternative Guardia | an Formally Known       | Formally Known As/Also Known As |  |
| Name of Co-Alternative Gua  | ardian Formally Known   | Formally Known As/Also Known As |  |
| Address                     |                         |                                 |  |
| City                        | State                   | Zip                             |  |
| Phone Number                | Email                   |                                 |  |
| Date of Birth               | Social Security Nu      | ımber(s)                        |  |

#### III. EXECUTOR

## A. Executor(s)

| Name of Executor   | Formally Known As/Also Known As  Formally Known As/Also Known As |  |
|--|--|--|
| Name of Co-Executor                                      |  |  |
| Address  |  |  |
| City   | State Zip  |  |
| Phone Number   | Email  |  |
| Date of Birth  | Social Security Number(s)  |  |
| B. Alternative Executor(s)  Name of Alternative Executor | Formally Known As/Also Known A                                   |  |
| Name of Co-Alternative Executor                          | Formally Known As/Also Known As                                  |  |
| Address  |  |  |
| City   | State Zip  |  |
| Phone Number   | Email  |  |
| Date of Birth  | Social Security Number(s)  |  |

#### IV. PRIOR AND EXISTING WILLS

| A. Husband                    |                              |
|-------------------------------|------------------------------|
| Date                          | Location                     |
| Date                          | Location                     |
| B. Wife                       |                              |
| Date                          | Location                     |
| Date                          | Location                     |
| V. ASSETS  A. Real Property   |                              |
| 1. Property  Name of Property | Approximate Value            |
| Address                       |                              |
| City                          | State Zip                    |
| Date Purchased                | Name(s) on the deed          |
| Mortgagee/Lender Name         | Mortgagee/Lender Account No. |
| Mortgagee/Lender Phone No.    |                              |

| 2. Property                     |                                       |
|---------------------------------|---------------------------------------|
| Name of Property                | Approximate Value                     |
| Address                         |                                       |
| City                            | State Zip                             |
| Pate Purchased                  | Name(s) on the deed                   |
| Nortgagee/Lender Name           | Mortgagee/Lender Account No           |
| Mortgagee/Lender Phone No.      |                                       |
| ype of Property: □Residential □ | Business   Investment Rental Property |
| egal description:               |                                       |

## B. Stocks and Bonds

#### 1. Stocks

| Stock Name | Certificate No. | Address | Title Owner | Stock Value |
|------------|-----------------|---------|-------------|-------------|
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |
|            |                 |         |             |             |

#### 2. Brokerage Accounts

| Brokerage<br>Name | Account No. | Address | Title Owner | Account Value |
|-------------------|-------------|---------|-------------|---------------|
|                   |             |         |             |               |
|                   |             |         |             |               |
|                   |             |         |             |               |
|                   |             |         |             |               |
|                   |             |         |             |               |

#### 3. Mutual Funds

| Account No. | Address     | Title Owner         | Fund Value                      |
|-------------|-------------|---------------------|---------------------------------|
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             |             |                     |                                 |
|             | Account No. | Account No. Address | Account No. Address Title Owner |

#### 4. Dividend Reinvestment Plans

| <b>DRIP Name</b> | Account No. | Address | Title Owner | Fund Value |
|------------------|-------------|---------|-------------|------------|
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |
|                  |             |         |             |            |

#### 5. Commodities

| Commodity<br>Name | Account No. | Address | Title Owner | Commodity<br>Value |
|-------------------|-------------|---------|-------------|--------------------|
|                   |             |         |             |                    |
|                   |             |         |             |                    |
|                   |             |         |             |                    |
|                   |             |         |             |                    |
|                   |             |         |             |                    |

## 6. Options

| <b>Option Name</b> | Account No. | Address | Title Owner | <b>Option Value</b> |
|--------------------|-------------|---------|-------------|---------------------|
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |
|                    |             |         |             |                     |

#### 7. Bonds

| Type of Bond | Bond Issuer<br>Name | Certificate<br>No. | Address | Title Owner | <b>Bond Value</b> |
|--------------|---------------------|--------------------|---------|-------------|-------------------|
|              |                     |                    |         |             |                   |
|              |                     |                    |         |             |                   |
|              |                     |                    |         |             |                   |
|              |                     |                    |         |             |                   |
|              |                     |                    |         |             |                   |
|              |                     |                    |         |             |                   |

## C. Bank Accounts

| Type of Account (Checking, Savings, Money Market) | Bank Name | Account<br>No. | Address | Title Owner | Individual<br>or Joint; In<br>Trust for;<br>Custodian<br>for; Payable<br>on Death to |
|---|-----------|----------------|---------|-------------|--|
|   |           |                |         |             |  |
|   |           |                |         |             |  |
|   |           |                |         |             |  |
|   |           |                |         |             |  |
|   |           |                |         |             |  |

#### D. Life Insurance

| Name of Insurance Co. | Policy<br>No. | Name of<br>Insured | Owner of Policy | Type of Policy | Value | Primary and<br>Contingent<br>Beneficiaries |
|-----------------------|---------------|--------------------|-----------------|----------------|-------|--|
|                       |               |                    |                 |                |       |  |
|                       |               |                    |                 |                |       |  |
|                       |               |                    |                 |                |       |  |

## E. Annuities

| Name of<br>Company | Policy<br>No. | Title<br>Owner | Address | Face<br>Value | Cash<br>Value | Primary and<br>Contingent<br>Beneficiaries |
|--------------------|---------------|----------------|---------|---------------|---------------|--|
|                    |               |                |         |               |               |  |
|                    |               |                |         |               |               |  |
|                    |               |                |         |               |               |  |

## F. Tangible Personal Property

#### 1. Vehicles

| Make | Model | Year | Vehicle<br>Identification<br>Number | Title Owner |
|------|-------|------|-------------------------------------|-------------|
|      |       |      |                                     |             |
|      |       |      |                                     |             |
|      |       |      |                                     |             |

#### 2. Boats

| Make | Model | Year | Vehicle<br>Identification<br>Number | Title Owner |
|------|-------|------|-------------------------------------|-------------|
|      |       |      |                                     |             |
|      |       |      |                                     |             |
|      |       |      |                                     |             |

## 3. Trailers and Other Titled Personal Property

| Make | Model | Year | Vehicle<br>Identification<br>Number | Title Owner |
|------|-------|------|-------------------------------------|-------------|
|      |       |      |                                     |             |
|      |       |      |                                     |             |
|      |       |      |                                     |             |

## 4. Antiques/Collectibles

| Description | Title Owner | Approximate Value |
|-------------|-------------|-------------------|
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |

#### 5. Furnishings

| Description | Title Owner | Approximate Value |
|-------------|-------------|-------------------|
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |
|             |             |                   |

## G. Estate, Trust and other Beneficiary Designations

#### 1. Pending Estates

| Decedent's<br>Name | Personal<br>Representative's<br>Name | Address of<br>Personal<br>Representative | Type and<br>Value of<br>Asset to be<br>Inherited | Court in Which Estate is Pending | Case No. |
|--------------------|--------------------------------------|--|--|----------------------------------|----------|
|                    |                                      |  |  |                                  |          |
|                    |                                      |  |  |                                  |          |
|                    |                                      |  |  |                                  |          |

#### 2. Trust Beneficiary Interests

| Name of<br>Trust | Name of<br>Trustee | Person Who<br>Created<br>Trust | Date<br>Created | State in<br>Which<br>Created | Current<br>Value |
|------------------|--------------------|--------------------------------|-----------------|------------------------------|------------------|
|                  |                    |                                |                 |                              |                  |
|                  |                    |                                |                 |                              |                  |
|                  |                    |                                |                 |                              |                  |

#### H. Claims and Litigation

| Claimant's Name | Assets Subject to the Claim | Court | Case No. |
|-----------------|-----------------------------|-------|----------|
|                 |                             |       |          |
|                 |                             |       |          |
|                 |                             |       |          |
|                 |                             |       |          |
|                 |                             |       |          |

# I. <u>Benefits from Social Security, Medicaid, or other Government Programs or Civil or Military Service</u>

#### 1. Social Security Income

| Claimant's<br>Name | Payee's name | Address | Amount of Benefit | Terms of Payment |
|--------------------|--------------|---------|-------------------|------------------|
|                    |              |         |                   |                  |
|                    |              |         |                   |                  |
|                    |              |         |                   |                  |
|                    |              |         |                   |                  |

#### 2. Medicare

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### 3. Medicaid Benefits

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### 4. Non-Retirement Civil Service Benefits

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### 5. Military Retirement Benefits

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### 6. Civil Service Retirement Benefits

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### 7. Non-Governmental Retirement Benefits

| Claimant's<br>Name | Payee's name | Address | Amount of<br>Benefit | Terms of Payment |
|--------------------|--------------|---------|----------------------|------------------|
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |
|                    |              |         |                      |                  |

#### J. Business Operating Transactions

#### 1. Corporations

| Corporation<br>Name | Title Owner | Address | Shares | Value |
|---------------------|-------------|---------|--------|-------|
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |

## 2. Partnerships

| Partnership<br>Name | Title Owner | Address | Shares | Value |
|---------------------|-------------|---------|--------|-------|
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |
|                     |             |         |        |       |

## 3. Sole Proprietorships

| Sole<br>Proprietorship<br>Name | Title Owner | Address | Shares | Value |
|--------------------------------|-------------|---------|--------|-------|
|                                |             |         |        |       |
|                                |             |         |        |       |
|                                |             |         |        |       |

## K. Pets

| Type of Pet | Title Owner | Address | Name | Age |
|-------------|-------------|---------|------|-----|
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |
|             |             |         |      |     |