

WILL INTAKE SHEET

Intake Date: _____

Client's Full Name: _____

CONTACT INFORMATION:

Telephone No.: _____

Alt. Telephone No.: _____

Fax No.: _____

E-mail address: _____

Mailing Address: _____

Dates at current address: _____

Date of birth: _____

MARITAL STATUS:

Single Married Widowed Divorced Separated

Spouse's name: _____

Spouse's date of birth: _____

Citizenship (if other than U.S.): _____

Wife: _____

Husband: _____

Former marriages? Husband: Yes No Wife: Yes No

CHILDREN & OTHER PERSONS TO BE CONSIDERED:

Children of current marriage (including legally adopted children):

Name: _____

Birthdate: _____ Sex: _____

Are they married? Yes No # of Children: _____ Ages: _____

Name: _____

Birthdate: _____ Sex: _____

Are they married? Yes No # of Children: _____ Ages: _____

Name: _____

Birthdate: _____ Sex: _____

Are they married? Yes No # of Children: _____ Ages: _____

Name: _____

Birthdate: _____ Sex: _____

Are they married? Yes No # of Children: _____ Ages: _____

Name: _____

Birthdate: _____ Sex: _____

Are they married? Yes No # of Children: _____ Ages: _____

Children of Husband's former marriage (including legally adopted children):

Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____
Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____
Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____

Children of Wife's former marriage (including legally adopted children):

Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____
Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____ Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____

Deceased Children:

Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____
Name: _____

Birthdate: _____ Sex: _____

Are they married? () Yes () No # of Children: _____ Ages: _____

Other People to be considered in your Estate:

Name: _____

Age: _____ Sex: _____ Relationship: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Charitable Organizations you have supported or wish to support:

Name: _____

Address: _____

Name: _____

Address: _____

Military Service:

Service Serial Number: _____

Branch of Service: _____
Dates of Service: _____
Verterans Administration Disability Number: _____

CURRENT WILLS & TRUSTS

Do you have an existing will or trust? _____

Date of will or trust: _____

Primary Executors, Trustees or Guardians:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Secondary Executors, Trustees or Guardians

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Bequests:

(note that anything not specifically mentioned will be put into the residuary and will potentially be liquidated by the administrator of the estate).

General Bequests (dollar amount or percentage, subject to abatement if the will falls short, but not ademption):

Specific Bequests (specific tangible items/property, subject to abatement, also subject to ademption; if the item doesn't exist anymore, they get nothing to replace it):

Demonstrative Bequest (dollar amount or percentage from a specific source/account, subject to abatement, but not ademption; if the account is closed, they get the money from elsewhere):

Residue and Remainder (what to do with everything that is left):

Contingency provision if a distributee is no longer alive:

Should things pass with a lien/mortgage? (cars, houses, etc.):

ITEMS TO BEQUEST

Real Estate:

Type: _____

Location (City, State): _____

Owner: _____

Type of Ownership: _____

Purchase Date: _____

() Mortgage ()Lien ()None

Bequest subject to mortgage/lien? _____

Type: _____

Location (City, State): _____

Owner: _____

Type of Ownership: _____
Purchase Date: _____
() Mortgage ()Lien ()None
Bequest subject to mortgage/lien? _____

Personal Property (cars, jewelry, valuables):

Item: _____
Locations: _____
Item: _____
Locations: _____
Item: _____
Locations: _____
Item: _____
Locations: _____
Liens? () Yes () No Which? _____
Bequest subject to lien? _____

Bank Accounts, Investments, 401(k), etc. (if specifically given out):

Type of Account: _____
Bank: _____
Type of Account: _____
Bank: _____
Type of Account: _____
Bank: _____
Type of Account: _____
Bank: _____

DEBTS

Other than mortgages or loans/liens on specific items, it is recommended that all taxes fees and expenses be paid out of the estate prior to any distributions. Is this satisfactory

If any of your recipients or beneficiaries are under 18, do you want their share to be placed in trust? If so, until what age? (note the potential for exceptions; education, travel, annual amounts, etc.)

EXECUTORS & TRUSTEES

Designate an executor:
Name: _____
Address: _____

Are they allowed to appoint a co-executor?

Alternate Executor? _____

Designate Trustee's for any trusts created: _____

PERSONAL RECORDS WORKSHEET

(Other information you should compile and keep with your records)

Write the memorandum for your executor, for smaller things. Generally real property or valuable tangibles get mentioned specifically in the will. Smaller things with more sentimental value are more for the memorandum. Also include funeral wishes in it

Name: _____ Social Security Number: ____ - ____ - _____
Name: _____ Social Security Number: ____ - ____ - _____

Father's Name: _____
Mother's Name: _____ Maiden Name: _____
Your Date of Birth: _____ Father's Date of Birth: _____ Mother's Date of Birth: _____
Spouses Date of Birth: _____

Location of Your Birth Certificate: _____
Location of Spouses Birth Certificate: _____
Location of Your Marriage Certificate: _____

Former Addresses:

Address #1	Address #2	Address #3
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates of residence: _____

Military Service Serial Number: _____
Branch of Service: _____ Dates of Service: _____
Veterans Administration Disability Number: _____

Location of will: _____

Name of Lawyer: _____
Address: _____
Phone: (____) _____ - _____

Name of Accountant: _____
Address: _____
Phone: (____) _____ - _____

Name of Financial Advisor: _____
Address: _____
Phone: (____) _____ - _____

Location of past tax information: _____

INVENTORY OF ASSETS

PLEASE NOTE: ALL THE INFORMATION BELOW IS VERY SENSITIVE AND SHOULD NOT BE STORED IN AN EASILY ACCESSIBLE LOCATION FOR PRIVACY REASONS. ADDITIONALLY THIS INFORMATION SHOULD BE DESTROYED RATHER THAN THROWN OUT IF EVER DISPOSED OF. IF THERE IS ANY DOUBT AS TO THE SECURITY OF THIS FORM, DO NOT FILL OUT ALL OF THE INFORMATION BELOW.

Safety Deposit Boxes:

Name & Address of Bank: _____

Box Number: _____ Location of Key: _____

Held Jointly with (Name & Address): _____

Additional people with Access to the box (name & address): _____

Name & Address of Bank: _____

Box Number: _____ Location of Key: _____

Held Jointly with (Name & Address): _____

Additional people with Access to the box (name & address): _____

Stored Property

Name and Address of Storage Facility: _____

Storage Unit #: _____

Access Code: (It is not advised to write down passwords or access codes or pin numbers but it would be helpful if someone else knew the access code if you are unavailable)

Location of Personal Safe: _____

Access Code: (It is not advised to write down passwords or access codes or pin numbers but it would be helpful if someone trustworthy knew the access code if you are unavailable)

Credit Cards:

Company: _____ Number: _____

Company: _____ Number: _____

Company: _____ Number: _____

Company: _____ Number: _____

Banking Information:

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Investment or Money Market Accounts

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Certificates of Deposit:

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Bank Name: _____
Address _____

Account: _____
Names on Account: _____

Life Insurance

Company: _____
Beneficiary: _____
Policy Number: _____

Owner: _____
Secondary Beneficiary: _____
Death Benefit: \$ _____

Company: _____
Beneficiary: _____

Owner: _____
Secondary Beneficiary: _____

Policy Number: _____ Death Benefit: \$ _____

Company: _____ Owner: _____

Beneficiary: _____ Secondary Beneficiary: _____

Policy Number: _____ Death Benefit: \$ _____

Homeowners Insurance:

Property Address: _____

Company: _____ Policy Number: _____

Location of Policy: _____

Property Address: _____

Company: _____ Policy Number: _____

Location of Policy: _____

Automobile Insurance:

Vehicle #1 Make & Model: _____

Company: _____ Policy Number: _____

Location of Policy: _____

Vehicle #2 Make & Model: _____

Company: _____ Policy Number: _____

Location of Policy: _____

Other Insurance:

Type: _____ Company: _____

Policy Number: _____ Location of Policy: _____

Policies owned on other persons:

Name: _____ Company: _____

Policy Number: _____ Location of Policy: _____

Loans against any policy:

Company: _____ Amount: \$ _____

Location of Records: _____

Marketable Securities (Stocks, bonds, mutual funds, etc.):

Company: _____ Type: _____

Owner: _____ Number of Shares: _____

Original Cost: \$ _____ Current Value: \$ _____

Company: _____ Type: _____

Owner: _____ Number of Shares: _____

Original Cost: \$ _____ Current Value: \$ _____

Company: _____ Type: _____
Owner: _____ Number of Shares: _____
Original Cost: \$ _____ Current Value: \$ _____

Company: _____ Type: _____
Owner: _____ Number of Shares: _____
Original Cost: \$ _____ Current Value: \$ _____

Retirement Plans/Employee Benefits:

Individual Retirement Account:

Owner: _____ Beneficiary: _____
Value: \$ _____

401(k), 403(b) Plans:

Owner: _____ Beneficiary: _____
Value: \$ _____

Tax Deferred Annuity:

Owner: _____ Beneficiary: _____
Value: \$ _____

Qualified Pension, KEOGH or Profit Sharing Plan:

Owner: _____ Beneficiary: _____
Value: \$ _____

Deferred Compensation Plan:

Owner: _____ Beneficiary: _____
Value: \$ _____

Split Dollar, Stock Options or Thrift Plans:

Owner: _____ Beneficiary: _____
Value: \$ _____

Roth IRA:

Owner: _____ Beneficiary: _____
Value: \$ _____

Disability Policies:

Owner: _____ Beneficiary: _____
Value: \$ _____

Long Term Care Insurance Policies:

Owner: _____ Beneficiary: _____
Value: \$ _____

Debts Owed to me:

Liabilities (loans, mortgages, notes, liens, etc.):

Type: _____ Amount: \$ _____

Owned on What Property? _____

Type: _____ Amount: \$ _____

Owned on What Property? _____

Type: _____ Amount: \$ _____

Owned on What Property? _____

Type: _____ Amount: \$ _____

Owned on What Property? _____

Type: _____ Amount: \$ _____

Owned on What Property? _____

MEMORANDUM FOR EXECUTOR:

(include this information in addition to property distribution wishes)

Religious Affiliation: _____

Name of Church/Synagogue/Mosque, etc: _____

Address: _____

Phone: (____) _____ - _____

Prepaid Burial Costs, if any: _____

Funeral Instructions, if any:

Obituary Wording:

Tombstone Engraving: _____

Cemetery Plot:

Name of Cemetery: _____

Address: _____

Phone: (____) _____ - _____

Location of deed: _____

Is there anyone you wish to be notified of your passing that you believe may not be informed in a timely fashion?

Name: _____ Phone: _____

Alt. Phone: _____ Email: _____

Address: _____

Name: _____ Phone: _____

Alt. Phone: _____ Email: _____

Address: _____

Name: _____ Phone: _____

Alt. Phone: _____ Email: _____

Address: _____

Name: _____ Phone: _____

Alt. Phone: _____ Email: _____

Address: _____