



names      their relationship to you      addresses      phone #:

**Do you have any grandchildren:**

what are their names    dates of birth    addresses      phone #

**Do you have any deceased children:** Yes \_\_\_ No \_\_\_

If yes, what are their names and dates of death:

Are any deceased children survived by a living child or grandchild: Yes \_\_\_ No \_\_\_

If yes, please provide names      dates of birth      addresses      phone #

**Do you have any living brothers or sisters:** Yes \_\_\_ No \_\_\_

If yes, what are their names      addresses      phone #

**Do you have any deceased brothers or sisters:** Yes \_\_\_ No \_\_\_

If yes, what are their names and dates of death:

**Have you ever made another Last Will and Testament?** Yes \_\_\_ or No \_\_\_

If yes, where is the original?    Please provide a complete copy to our office.

**Have you made funeral arrangements?** Yes \_\_\_ No \_\_\_

If yes, with whom: name      address      phone #

**In your words, describe how your property will be distributed and to whom (please include the relationship of the beneficiary to you and their address and phone number, if not listed above):**

Do you own any **real estate (including your residence)**: Yes \_\_\_ No \_\_\_

**If yes, please bring copies of all deeds to our office for your file.**

What is the approximate market value of the each property:

Is there a **mortgage** (including equity line) on any property? Yes \_\_\_ No \_\_\_

If yes, please bring a recent bill to our office for your file.

Do you own an **automobile**: Yes \_\_\_ No \_\_\_ If yes, what is the value:

Do you have a **safe deposit box**: Yes \_\_\_ No \_\_\_ If yes, what is the box #

Name and location of bank:

Who is authorized to have access to the box:

Do you have **bank or credit union accounts (savings, checking, CD)**: Yes \_\_\_

No \_\_\_ If yes, please bring the most recent statement for each account to our office for your file.

How is each account titled? (individually, husband and wife, P.O.D. or I.T.F.)

Have you named a beneficiary to the account? Yes \_\_\_ No \_\_\_ If so, who?

Total approximate value of all accounts:

Do you have an **annuity, pension, retirement account, deferred compensation or other retirement plan (such as IRA, 401, 403, 457, KEOGH, SEP,etc.):** Yes \_\_\_ No \_\_\_ If yes, please bring the most recent statement for each account to our office for your file.

**Please confirm how each account is titled and if there is one or more designated beneficiaries.**

Do you own any **stocks, bonds or mutual funds:** Yes \_\_\_ No \_\_\_

If yes, please bring the most recent statement(s) or a copy of the bond(s) and/or stock certificate(s). Total approximate market value of all securities:

Do you have **life insurance:**

Yes \_\_\_ No \_\_\_ If yes, what is your agent's name and phone number:

Company	Policy #	Face value \$	Beneficiary	Policy Owner
---------	----------	---------------	-------------	--------------

**Are you the beneficiary of an Estate or Trust?** Yes \_\_\_ or No \_\_\_

**Do you have any other assets of value not listed above, including any current promissory notes or other debts owed to you?** If so, please list:

If you want to make a **charitable gift** to a religious, educational, or charity, please list the charity's name, purpose of your gift and the amount for each charitable bequest:

Do you own a **privately held corporation, LLC, or partnership**: Yes \_\_\_ No \_\_\_

If yes, who will receive your share of the business?

Is there a written ownership agreement?

Have you made a list of all internet accounts, including user ID/passwords, and informed a trusted person of the location of your list for access upon your death?

What is the name/phone number of the person that prepares your tax returns?

Who is your **choice for Personal Representative** (formerly known as "Executor"):

name	relationship	address	phone #
------	--------------	---------	---------

Who is your choice for Successor Personal Representative:

name	relationship	address	phone #
------	--------------	---------	---------

Who is your choice for Alternate Personal Representative:

name	relationship	address	phone #
------	--------------	---------	---------

**Do you currently have a:** Last Will and Testament, Living Will (a/k/a Advance Directive), Durable Power of Attorney, Designation of Health Care Surrogate, Revocable Living Trust, Pre-Marital Agreement, and/or Post-Marital Agreement.

If so, please bring a copy to the appointment. If not, feel free to ask us any questions you may have about any of the documents listed above.