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HL file # ____--____

Simple Will Intake

1. Personal Information:

- a. Your Name _____
- b. Your Address _____
- c. Phone Numbers _____ [home] _____ [cell]
- d. Marital status: Married Single
- e. Your email address: _____

2. Spouse's Information

- a. Full Name _____
- b. Address: [Same as above ____] or
Other Address: _____

3. Marital Information:

- a. Have you ever divorced? Yes No

4. Your Children:

- Name: _____ Age: _____
- Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you want your children to split your estate equally?

yes no

If no, how do you want to split your estate between your children?

*** If your children are minors (under 18 years), then please state the name and address of the individual(s) you would like to recommend for guardianship/trustee [i.e., to care for your children and their inheritance]:

*** If one of your children is a minor when you die, do you want that child's inheritance to go into a simple trust to prevent the minor child from spending the inheritance, until s/he is:

18 years 21 years 25 years Other: _____.

*** If one of your children or beneficiary (ies) dies before you, do you want his or her share of your estate to go to:

your other living children?

– or –

his or her issue (i.e., children/grandchildren of that deceased child)

Specific Bequests: Do you want to make any specific bequests? (For example: my china to daughter, Peggy or my lawnmower to my nephew, Josh)? If so, then state:

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

6. Disinherit:

Do you want to exclude any individuals from your will?

Yes No

If yes, then state Full Name of Each Person(s) to be disinherited:

*** Do you want to disinherit an individual if he or she contests your Will?

Yes No

7. Executor:

Who do you want to be your Executor [the person that would administer your will?] In most cases, this will be your spouse.

If Spouse check here

If some other person(s), then state the full name and address of person:

*** Please provide name and address of Alternate Executor to be appointed in case the person that you have named Executor is unable or unwilling to perform the duties:

8. Burial Requests:

Do you have any special requests for your funeral or burial?

Yes No

Specific Cemetery: _____

Specific Directions for Your Funeral: _____

Cremation: Yes No

9. Living Will/Durable Healthcare Proxy and Power of Attorney:

Are you interested in a Power of Attorney, Living Will [Do Not Resuscitate Order] or Durable Healthcare Proxy [allows a person to make decisions concerning your healthcare if you cannot]?

Yes No

Health Care Power of Attorney:

State the name, address and telephone number of the person (and one alternate) you would like to name as your **Health Care Power of Attorney** (person who will make **health** decisions on your behalf):

Primary Health Care Power of Attorney

Name: _____

Phone: _____

Address: _____

Alternate Health Care Power of Attorney

Name: _____

Phone: _____

Address: _____

Statutory Power of Attorney:

State the name, address and telephone number of the person (and one alternate) you would like to name as your **Power of Attorney** (this person will have the power to do anything you authorize such as: real estate transactions; banking; tax matters; DMV, etc.). We will go through these different “grants of authority” and decide what you want to allow your power of attorney to do when we meet to execute the documents.

Primary Power of Attorney

Name: _____

Phone: _____

Address: _____

Alternate Power of Attorney

Name: _____

Phone: _____

Address: _____