

Date: _____

WILL INTERVIEW SHEET

Name: _____ S.S. No. _____

Address _____

Spouse's Name: _____ S.S. No. _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Children:¹

Date of Birth:

Assets:(Approximate value;
please use net equity)

How Titled and Name(s) of Beneficiary

Real Estate: _____

Savings: _____

Mutual Funds &
Money Market Acnts:

¹List all children. It is important that all of your children be listed, whether they are (i) biological or adopted children, (ii) children of a present marriage, a prior marriage, or born out of wedlock, and (iii) even though they may have been adopted by someone else.

How titled / Name(s) of Beneficiary

IRA/401K's:

Insurance:

Other:

Total: _____

Type of Will: Simple, "I love you" Will? (i.e. all to spouse and if there is a simultaneous death, or after the last to die, all in equal shares to all children?) Y ___ N ___

Are Children's share to be held in Trust? Yes _____ No _____

If yes, Trust Terminates at Age: _____

If you have no spouse or children, list the names of all Beneficiaries and the percentage shares that each should receive:

Other Special Instructions:

Contingent Beneficiaries if children predecease or die before Trust terminates and before the share is given to each child (i.e., should their share go to their spouse, children, siblings?); if so, please list their full names and dates of birth for any minors:

Guardian for Minor Children: _____

Address/Phone Number: _____

Substitute Guardian: _____

Address/Phone Number: _____

Trustee: _____

Address/Phone Number: _____

Substitute Trustee: _____

Address/Phone Number: _____

Executor: _____

Husband and Wife for Each Other? _____

Substitute Executor: _____

Is a Living Will Desired? Yes _____ No _____

Are Powers of Attorney Desired? Yes _____ No _____

If "Yes" name and address of person to be your "attorney in fact" and name and address of alternate:

Is Medical Power of Attorney Desired? Yes _____ No _____

If "Yes" do you wish to be an organ donor? Yes _____ No _____

Name, address and telephone number of person authorized to make health care decisions on your behalf and name, address and telephone number of an alternate:

Note: I will suggest that you write a separate statement as to who should receive any/all specific items of **tangible** personal property. This does not need to be included in your Will; a reference that the statement or list exists will suffice.

Do you understand that a Will can be changed or revoked at any time unless it has been written pursuant to a contract that prohibits such action?

Have you read the pamphlet, "Why You Need a Will," by Rodney Johnson? _____