

WILL INTAKE

Date: _____

Your Email: _____

Your Name: _____

Date of Birth: _____

Address _____

State of Birth: _____

County of Residence _____

(home) _____ (work/cell) _____

SS# _____

Town of Residence: _____

Spouse's Name: _____

Date of Birth: _____

Address _____

State of Birth: _____

County of Residence _____

(home) _____ (work/cell) _____

SS# _____

Town of Residence: _____

Spouse's Email: _____

Your Marital Status: Married / Single / Widowed / Divorced / Separated

- **If divorced or separated at any time, please provide date of divorce – If Separated, provide copy of separation agreement ***

Have you executed a Power of Attorney? (If so, please provide a copy) Yes / No

Have you executed a Health Care Proxy/Living Will? (If so, please provide a copy) Yes / No

Your Children's Names, Dates of Birth, and Addresses: _____

Your existing wills, date signed, and location: _____

Your spouse's existing wills, date signed, and location: _____

Who do you appoint to carry out the terms of this Will (Executor)?

Husband _____

Relationship to you: _____

Wife _____

Relationship to you: _____

Should your appointed Executor/tri be unable/unwilling to perform such services, who shall serve as your Alternate Executor/Executrix: Husband _____

Relationship to you: _____

Wife _____

Relationship to you: _____

If you are married, and you die before your spouse, do you wish to leave all your assets to your spouse? **Yes / No**

Is this a Husband and Wife Last Will and Testament (Mirrored to be the same for both?)
Yes / No

Do you wish to specify who died first, if you and your spouse die at the same time? **Yes / No**

→If yes, in the case of a simultaneous death, who died first? **You / Your Spouse**

Specifically state what assets you will be leaving to which person, including, but not limited to: Real property, Money and/or Accounts, including location of and account numbers, Jewelry, Stocks/bonds, Automobiles, including year, make, and model, Antiques, furnishings, Retirement benefits, Other Personal Belongings

Husband

1) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

2) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

3) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

(Please use additional sheets of paper if necessary)

Specifically state what assets you will be leaving to which person, including, but not limited to: Real property, Money and/or Accounts, including location of and account numbers, Jewelry, Stocks/bonds, Automobiles, including year, make, and model, Antiques, furnishings, Retirement benefits, Other Personal Belongings

Wife

1) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

2) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

3) Name of Person you are leaving assets to: _____
Mailing Address: _____

D.O.B.: _____
SS#: _____
Relationship of this person to you: _____
Describe Assets you are leaving to this person: _____

(Please use additional sheets of paper if necessary)

Husband

In the event one of these persons pre-deceases you, whom do you leave their assets to? (Name, D.O.B., SS#, Address, and relation to you): _____

Residuary Estate Address _____

Owned: **Yes / No**

Approximate Value of Property: \$ _____

Amount Owed on Mortgage: \$ _____

Who Occupies this Residence: _____

Life Insurance:

Name and Address of Agent, if any: _____

Name of Company: _____

Policy Number: _____

Face Amount: \$ _____

Name of Insured: _____

Type of Policy: _____

Primary Beneficiary: _____

Other Beneficiaries: _____

Wife

In the event one of these persons pre-deceases you, whom do you leave their assets to? (Name, D.O.B., SS#, Address, and relation to you): _____

Residuary Estate Address _____

Owned: **Yes / No**

Approximate Value of Property: \$ _____

Amount Owed on Mortgage: \$ _____

Who Occupies this Residence: _____

Life Insurance:

Name and Address of Agent, if any: _____

Name of Company: _____

Policy Number: _____

Face Amount: \$ _____

Name of Insured: _____

Type of Policy: _____

Primary Beneficiary: _____

Other Beneficiaries: _____

LIVING WILL/HEALTH CARE PROXY

1) Do you wish to have a living Will/Health Care Proxy (*a document, which appoints a person to make any and all health care decisions for you based on your wishes specifically stated, should you become incapacitated, including but not limited to being on artificial life support*). The document should be given to your treating physician, the health care agent you appoint, and the alternative health care agent you appoint. **Yes / No.**

2) **If yes, name of person you are appointing as your health care agent (person who will be making any and all of your health care decisions unless you otherwise so state)** _____

Mailing Address: _____

Phone Number(s) _____

Date of Birth: _____

SS#: _____

Relationship of this person to you: _____

In the event that your appointed agent is unwilling/unable to act as your health care agent, you will need to appoint an alternate. Name of Alternate: _____

Mailing Address: _____

Phone Number(s) _____

Date of Birth: _____

SS#: _____

Relationship of this person to you: _____

3) Describe your wishes, should you become incapacitated: _____

4) **A Living Will directs that medical personnel/physicians withhold or withdraw treatment that serves only to prolong the process of dying if you are in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery**
(i.e. You are in a terminal condition, permanently unconscious, or if you are conscious by you have irreversible brain damage and will never regain the ability to make your own decisions or express your wishes.)

You will be directing that treatment be limited to measures that keep you comfortable and relieve pain, including pain that might occur by withholding or withdrawing treatment. If you are in such a terminal condition, are permanently unconscious, suffering brain/heart or other physical damage that you will not likely be able to perform bodily functions to enjoy life, or you are losing your mental faculties to the extent that you are unable to recognize your family/friends/surroundings/or understand where you are or what you are doing and your condition is unlikely to reverse, do you want the following?

- Cardiac resuscitation? **YES / NO**
- Mechanical respiration/respiratory support? **YES / NO**
- Tube feedings/artificially administered nutrition? **YES / NO**
- Hydration? **YES / NO**
- Antibiotics? **YES / NO**
- Surgery? **YES / NO**
- Maximum Pain Relief? **YES / NO**

5) Organ / Tissue Donation: Do you wish to make an anatomical gift, effective upon your death? **YES / NO**

If so, what Organ(s) do you wish to donate, if any?

If so, what Tissue(s) do you wish to donate, if any?

Limitations (if any)

POWER OF ATTORNEY

Springing Power of Attorney: this POA goes into effect when you become incapable of taking care of things (lose consciousness, lose mental capacity, become incapacitated in some way)

1) What do you want to “spring” the POA into effect?

**2) Who do you want to name as your POA? (If married, I suggest your spouse)
Name/Address/Phone #:**

3) Who do you want to name as your ALTERNATE POA? Name/Address/Phone #?:

4) Which powers do you want to grant your Agent? (can grant ‘catch all’ at bottom)

- A) real estate transactions;
- (B) chattel and goods transactions;
- (C) bond, share, and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) health care billing and payment matters; records, reports, and statements;
- (L) retirement benefit transactions;

- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) all powers listed: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O above

Who are you naming as your Power of Attorney?

Name _____
Address _____
Phone _____

***** if you want to name TWO POA, provide info below *****

Name _____
Address _____
Phone _____

Who are you naming as your Alternate Power of Attorney? (If anyone)

Name _____
Address _____
Phone _____

Do you want to name a 2nd Alternate POA?

Name _____
Address _____
Phone _____