

**WILL INTAKE** *(Both Spouses Fill This Out, if applicable)*

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**

*If you are NOT doing a NEW Power of Attorney, then I do NOT need a copy of your old one*

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

*If you are NOT doing a NEW Living Will/HCP, then I do NOT need a copy of your old one*

Your Children's Names, Dates of Birth, and Addresses (living): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your existing wills, date signed, and location: **PROVIDE PHOTOCOPIES OF EXISTING WILLS** - You can provide DATE executed for now, HUSBAND: \_\_\_\_\_

Your spouse's existing wills, date signed, and location: : **PROVIDE PHOTOCOPIES OF EXISTING WILLS**

*You can provide DATE executed for now, WIFE: \_\_\_\_\_*

***GENERALLY most spouses leave their entire estate to their surviving spouse (except for certain bequests/heirlooms/etc) Further – MOST spouses name their spouse as Executor/Executrix, with an alternate (or alternates) –***

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/trix be unable/unwilling to perform such services, who shall serve as your Alternate Executor/Executrix: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Wife \_\_\_\_\_

Relationship to you: \_\_\_\_\_

***Most spouses leave their entire estate (other than specific bequests) to their surviving spouse)***  
If you are married, and you die before your spouse, do you wish to leave all your assets to your spouse? **Yes / No**

***Most Spouses “mirror” their wills, other than specific bequests***

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

***If you have children that are NOT from your spouse, you may wish to indicate how you want your assests distributed if your spouse is not alive at the time of your death, that your spouse pre-deceased you***

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**

**\*\* Any special requests (ie. Cremation vs. Burial?)**

• Wife: \_\_\_\_\_

• Husband: \_\_\_\_\_

**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 (Please use additional sheets of paper if necessary)**

*Normally this would be all to your spouse, EXCEPT specific bequests – if you are leaving specific bequests, you would list below – If you are NOT leaving your estate to your surviving spouse, then divide your estate below:*

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 (Please use additional sheets of paper if necessary)**

*Normally this would be all to your spouse, EXCEPT specific bequests – if you are leaving specific bequests, you would list below – If you are NOT leaving your estate to your surviving spouse, then divide your estate below:*

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_

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*This is what you have OTHER than your Real Estate – cash, vehicles, stocks, etc.*

**Residuary Estate Address** \_\_\_\_\_

Owned: **Yes / No**

Approximate Value of Property: \$ \_\_\_\_\_

Amount Owed on Mortgage: \$ \_\_\_\_\_

Who Occupies this Residence: \_\_\_\_\_

**If you would like me to type of a Statement of Accounts for your survivors with names/addresses/account numbers, etc for all bank, cd, life ins, etc – fill in below. Otherwise you may leave blank or put n/a, as Life Ins would NOT be part of the Estate.**

**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): \_\_\_\_\_

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*This is what you have OTHER than your Real Estate – cash, vehicles, stocks, etc.*

**Residuary Estate Address** \_\_\_\_\_

Owned: **Yes / No**

Approximate Value of Property: \$ \_\_\_\_\_

Amount Owed on Mortgage: \$ \_\_\_\_\_

Who Occupies this Residence: \_\_\_\_\_

**If you would like me to type of a Statement of Accounts for your survivors with names/addresses/account numbers, etc for all bank, cd, life ins, etc – fill in below. Otherwise you may leave blank or put n/a, as Life Ins would NOT be part of the Estate.**

**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: \_\_\_\_\_

*For Husband & Wife to Fill out – Counts are assumed to be JOINT accounts, unless you indicate otherwise – You do NOT need to fill this out if you do NOT want me to fill out a Statement of Accounts*

**Bank Account(s), Account Number(s), Stock(s) Number(s), All other Financial Information/Accounts/Contact Information/Phone Number(s) and Account Numbers:**

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*If you are leaving assets/money to any potential MINORS that are NOT your children – then you’d name a “guardian” or “trustee” to hold the assets until they become whatever age (18 or age you choose)*

■ *IF the minors/potential minors are YOUR children, then you may wish to name a Testamentary Guardian for custody of the children, in addition to a FINANCIAL Trustee/Guardian for assets (can be the same or different.)*

Will there be a need for a Guardian for children under the age of 18, should both parties decess simultaneously? **Yes / No**

If so, please state name/address/telephone number(s) of Guardian:

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Alternate Guardian should Guardian be unwilling/unable:

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Is there anyone that you specifically wish to disinherit? Yes / No

If so, please provide name/address/and reason(s) you wish to disinherit this person(s): (**And specify whether it is Husband or Wife or both who wish to disinherit this person(s).**)

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Is there anything else that you wish to include in your Last Will and Testament that is not mentioned above? Yes / No

If so, please specify below: (**Please specify if Husband or Wife or both**)

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**LIVING WILL/HEALTH CARE PROXY**

**(WIFE/SPOUSE #1)**

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:\_\_\_\_\_

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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?

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

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Limitations (if any)

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**LIVING WILL/HEALTH CARE PROXY**

**(HUSBAND/SPOUSE #2)**

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:\_\_\_\_\_

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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?

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

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Limitations (if any)

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**POWER OF ATTORNEY (WIFE/SPOUSE #1)**

- 1) **Who do you want to name as your POA? (If married, I suggest your spouse) You can name a total of TWO main POA if you desire, if so indicate whether you want them to HAVE to both sign everything together or whether they can sign separately & include their Name/Address/Phone #:**

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- 2) **Who do you want to name as your ALTERNATE POA? You can name a total of TWO ALTERNATE POA if you desire, if so indicate whether you want them to HAVE to both sign everything together or whether they can sign separately & include their Name/Address/Phone Name/Address/Phone #?:**

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- 3) **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

**\*\*\* This will be a Springing Power of Attorney, only in effect if you are incapacitated/unable to act, unless you need this for a specific/limited 1x/matter.**

**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 \_\_\_\_\_

**➔ If not in the same geographic area I do NOT recommend making them act together**

\*\*\* If Naming TWO POA – do you want them to HAVE to act together (meaning BOTH must sign/approve every transaction) ? \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Do you want to name a 2<sup>nd</sup> Alternate POA?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**➔ If not in the same geographic area I do NOT recommend making them act together**

\*\*\* If Naming TWO ALTERNATE POA – do you want them to HAVE to act together (meaning BOTH must sign/approve every transaction) ? \_\_\_\_\_

\*\*\* Do you want this to ONLY be in effect if you are incapacitated? \_\_\_\_\_

**POWER OF ATTORNEY (HUSBAND/SPOUSE #2)**

- 4) Who do you want to name as your POA? *(If married, I suggest your spouse)* You can name a total of TWO main POA if you desire, if so indicate whether you want them to HAVE to both sign everything together or whether they can sign separately & include their Name/Address/Phone #:

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- 5) Who do you want to name as your ALTERNATE POA? You can name a total of TWO ALTERNATE POA if you desire, if so indicate whether you want them to HAVE to both sign everything together or whether they can sign separately & include their Name/Address/Phone Name/Address/Phone #?:

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- 6) 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

**\*\*\* This will be a Springing Power of Attorney, only in effect if you are incapacitated/unable to act, unless you need this for a specific/limited 1x/matter.**

**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 \_\_\_\_\_

**➔ If not in the same geographic area I do NOT recommend making them act together**

\*\*\* If Naming TWO POA – do you want them to HAVE to act together (meaning BOTH must sign/approve every transaction) ? \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Do you want to name a 2<sup>nd</sup> Alternate POA?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**➔ If not in the same geographic area I do NOT recommend making them act together**

\*\*\* If Naming TWO ALTERNATE POA – do you want them to HAVE to act together (meaning BOTH must sign/approve every transaction) ? \_\_\_\_\_

\*\*\* Do you want this to ONLY be in effect if you are incapacitated? \_\_\_\_\_