



WILL & TRUST PREPARATION – FACTUAL INFORMATION File No. _____

(Where space is found insufficient, use blank sheet and refer to question number)

Person(s) Present _____

Date of Interview _____

Time: _____ to _____

Interviewed by _____

CLIENT

1. Client's full name _____ S.S. # _____

2. Variances in spelling _____ Birth date _____

_____ Email _____

3. Other names used _____

4. Home address _____

County _____ State _____ Zip _____

5. Telephone: Home _____ Business _____ Cell _____

6. Citizenship _____ How long resident in this State _____

7. Any existing wills _____ Where located _____

SPOUSE

8. Spouse's full name _____ S.S. # _____

9. Variances in spelling _____ Birth date _____

10. Other names used _____

11. Citizenship _____ How long resident in this State _____

12. Residence if different _____ Telephone _____ Cell _____

13. Any existing wills _____ Where located _____

MARRIAGE(S)

14. Date and place of present marriage _____

15. Prior marriage(s): date, how and when terminated _____

CHILDREN & GRANDCHILDREN

16. Children of present marriage: Name, sex, date of birth, residence, phone no. and marital status _____

17. Adopted children: Name, sex, date of birth, residence, phone no., date of adoption and marital status _____

18. Children of prior marriage(s): Name, sex, date of birth, parentage, residence, phone no. and marital status _____

19. Grandchildren: Name, sex, date of birth, parentage, residence and marital status _____

OTHER RELATIVES

20. Parents:

OF CLIENT

OF SPOUSE

Father’s name and age

Address (or date and place of death, if deceased)

Living ☐

Deceased ☐

Living ☐

Deceased ☐

Mother’s name and age

Address (or date and place of death, if deceased)

Living ☐

Deceased ☐

Living ☐

Deceased ☐

21. Other relatives (included in Will). Brothers, sisters, grandparents, aunts, uncles, nieces, nephews, etc., with address

22. Special medical or financial needs of self, spouse and dependents

ASSETS

23. Stocks, Bonds and other Securities. How registered (Joint – Survivorship – P.O.D. – Trust – Custodial)

24. Real Estate: Location and general description – record owners – how and when acquired – estimated value - mortgages

25. Insurance policies, pensions, retirement and death benefits: (Identification and beneficiary)

26. Business affiliations and interests: (details)

27. Expectancies: inheritances, gifts

28. Personal effects: including furs, jewelry, art, cash on hand and other items of substantial value

29. Bank and Savings & Loan Association Accounts: Savings – Time Cert. – Checking – other. How registered (Joint, Survivorship, Trust, Custodial).

30. Safe deposit box: contents, location and how registered _____

31. Other investments: nature and in what name(s) held _____

32. Liabilities: _____

33. Estimated gross estate: \$ _____

DISPOSITION OF ESTATE

Designate specific items of personalty such as jewelry, furs, works of art, silverware, china. etc. Where share of stock are bequeathed, indicate if increments, splits, mergers and substitutions are included. Where income of stock is bequeathed, indicate if cash dividends are included.

34. _____

35. Residuary Estate – Contingencies over (exoneration of mortgages) _____

36. Disposition of loans or advances made or to be made _____

37. Exercise of powers of appointment or disposition _____

38. Provisions regarding gifts or bequests to minors or incompetents _____

39. Charitable bequests _____

40. Payment of inheritance – estate – death taxes _____

41. Funeral, burial, monument, services, grave care, etc. _____

FIDUCIARIES

42. Executor(s) and Alternate(s):
- | | | |
|---------------|--------------------|-----------|
| Name _____ | Relationship _____ | Age _____ |
| Address _____ | Phone No. _____ | |
| Name _____ | Relationship _____ | Age _____ |
| Address _____ | Phone No. _____ | |

43. Trustee(s) and Alternate(s):

Name _____	Relationship _____	Age _____
Address _____		Phone No. _____
Name _____	Relationship _____	Age _____
Address _____		Phone No. _____

44. Guardian and alternate(s) of minor children or incompetents:

Name _____	Relationship _____	Age _____
Address _____		Phone No. _____
Name _____	Relationship _____	Age _____
Address _____		Phone No. _____

Do you also wish a HEALTH CARE PROXY

A. Health care agent (person given authority to make health care decisions in your behalf) and alternate(s):

Name _____	Relationship _____	Age _____
Address _____		
Home Telephone _____	Work _____	Cell _____
Name _____	Relationship _____	Age _____
Address _____		
Home Telephone _____	Work _____	Cell _____

Instructions/limitations regarding anatomical gifts (organ/tissue donation):

B. Spouse’s health care agent

Name _____	Relationship _____	Age _____
Address _____		
Home Telephone _____	Work _____	Cell _____
Name _____	Relationship _____	Age _____
Address _____		
Home Telephone _____	Work _____	Cell _____

Instructions/limitations regarding anatomical gifts (organ/tissue donation):

Do you also wish a POWER OF ATTORNEY

A. Agent(s) (person(s) given authority to make financial decisions for you during your lifetime) and alternate(s):

Name _____	Relationship _____	Age _____
Address _____		
Name _____	Relationship _____	Age _____
Address _____		

Would you like to authorize your agent to make gifts in excess of an annual total of \$500 to any person or charitable organization? Yes ☐ No ☐

B. Spouse’s agent(s) (person(s) given authority to make financial decisions for you during your lifetime) and alternate(s):

Name _____	Relationship _____	Age _____
Address _____		
Name _____	Relationship _____	Age _____
Address _____		

Would you like to authorize your agent to make gifts in excess of an annual total of \$500 to any person or charitable organization? Yes ☐ No ☐

ADDITIONAL INFORMATION
