



**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:  | <b>OF CLIENT</b>                  | <b>OF SPOUSE</b>                  |
| Father's name and age _____                             |                                   |                                   |
| Address (or date and place of death, if deceased) _____ |                                   |                                   |
| Living <input type="checkbox"/>                         | Deceased <input type="checkbox"/> | Living <input type="checkbox"/>   |
| Deceased <input type="checkbox"/>                       |                                   | Deceased <input type="checkbox"/> |
| Mother's name and age _____                             |                                   |                                   |
| Address (or date and place of death, if deceased) _____ |                                   |                                   |
| Living <input type="checkbox"/>                         | Deceased <input type="checkbox"/> | Living <input type="checkbox"/>   |
| Deceased <input type="checkbox"/>                       |                                   | Deceased <input type="checkbox"/> |

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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_