CLIENT DATA FORM FOR WILLS and POWER OF ATTORNEY

Please complete this questionnaire. It is important that you complete ALL items so that we have the information needed to draft your document(s). If a question does not apply to you, write N/A in the appropriate blank. If you need more space, use extra sheets and specify the question you are referring to. If you need assistance in answering a question, call our office. All information will be held in strict confidence.

DATE			_				
1.	State your full na	ıme:					
	·	First	Middle	La	ast		
	Any other name(s) you have used	:				
	Age, date	of birth	, Social Securi	ty #			
2.							
		(Street addr	ress)				
	City:	, Co	ounty	, Zip			
3.			e Divorced	Widowed	Married		
	•	d, state your spou					
	Spouse's addres	S					
	Please give the r	name of any prior	spouses, if any, and	the date the marri	age ended:		
	Name of ex-spouse						
Date i	marriage ended						
	Name of ex-spou	ıse					
Date i	marriage ended						
	Name of ex-spou	ıse					
Date i	marriage ended						
4.	If you have child	ren, please give tl	he following informat	ion:			
FULL	NAME						
	Son Daught						
Addre	ess						
Count							
FULL	NAME						
	Son Daught	ter Age					
Addre	ess						
Count	ty						
FULL	NAME						
	Son Daught	ter Age					
Count							
Journ	LV						

FULL NAME							
Son	Daughter	Age	_				
			_				
County							
FULL NAME		Δ					
Son							
Address							
County							
FULL NAME							
Son							
County							
5. If any o			r the age of eigh				
•	•	. ,	r in the case of t nt of that person	-	•	•	spouse (if
marrica). Tod s	niodia obtain		in or mar porcon	i(s) belole e	Accuming you		
,			•	. ,	Accuming you		
Name				. ,	Accounting you		
Name Relationship Address							
Name Relationship Address							
Name Relationship Address							
Name Relationship Address City Zip If the person na		Cc			State		
Name Relationship Address City Zip		Cc	ounty		State		
Name Relationship Address City Zip If the person na alternative: Alternate 1:	 amed above i	Co	ounty or unable to se		State		
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name	amed above i	Co	ounty or unable to se		State		
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name Relationship	amed above i	Co	ounty or unable to se		State		
Name	amed above i	cois unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name	amed above i	cois unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name Relationship Address City Zip	amed above i	cois unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name Relationship Address City Zip	amed above i	is unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name Relationship Address City Zip Alternate 2: Name	amed above i	s unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name Relationship Address City Zip If the person na alternative: Alternate 1: Name Relationship Address City Zip Alternate 2: Name Relationship Relationship	amed above i	is unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	
Name Relationship Address City Zip If the person nathernative: Alternate 1: Name Relationship Address City Zip Alternate 2: Name Relationship Address Relationship Address Relationship Address	amed above i	is unwilling	ounty or unable to se	rve as custo	Statedian, please	list an	

a. Real estate owned by you in whole or in p	part:
ADDRESS	
ADDRESSLEGAL DESCRIPTION	
ELO, LE BEGORIII FIOTO	
ADDRESS	· · · · · · · · · · · · · · · · · · ·
LEGAL DESCRIPTION	
ADDRESS	
LEGAL DESCRIPTION	
 b. Savings accounts, Checking Accounts, Control Accounts, Pension Plans, Profit Sharing Plans, 401(•
Accounts, Fension Flans, From Sharing Flans, 401(K) Flans, or other plans or accounts.
TYPE	LOCATION
ACCOUNT NUMBER	
TYPE	LOCATION
ACCOUNT NUMBER	VALUE
TYPE	LOCATION
ACCOUNT NUMBER	
TYPE	LOCATION
ACCOUNT NUMBER	
TVDE	LOCATION
TYPEACCOUNT NUMBER	LOCATION VALUE
TYPE	
ACCOUNT NUMBER	VALUE
TYPE	LOCATION
ACCOUNT NUMBER	VALUE
a Stacka Danda Saguritica or other investment inf	ormation:
c. Stocks, Bonds, Securities or other investment info	ornation.
7 List life incurrence information.	
7. List life insurance information:a. Cash surrender value of any life insurance	e nolicies \$
b. Death value of any life insurance policies	•
c. Cash surrender value of life insurance on	· · · · · · · · · · · · · · · · · · ·
d. Death value of life insurance policy on sp	ouse \$
e. Retirement Benefits or Annuities	\$
f Retirement or Death Renefits from source	s other than employment \$

List the following information:

6.

9. Do	ho is your life insurance agent? o you have any transferable licenses (especially as to guns or business)? _ No _ Yes yes, list the license(s):
10. a. passes:	. Generally, most MARRIED people provide that upon their death their property
(1) To sur	viving spouse.
(2) If spouliving child	use predeceases you, your property will be divided in equal shares among all your dren.
distributed	spouse and one of your children predecease you, that child's share in your estate is d to his ldren (your grandchildren) in equal shares.
	JNMARRIED persons with children provide that upon their death, their property
(1) In equa	al shares to all your living children.
to his or h	or more of your children predecease you, that child's share in your estate is distributed ner your grandchildren) in equal shares.
SUPPORT CHECK	AVE BEEN DIVORCED, DOES THE DECREE PROVIDE FOR ALIMONY OR CHILD T AFTER DEATH?Yes No CK HERE IF YOU DO NOT WISH YOUR PROPERTY TO PASS IN THE MANNER TH ABOVE IN PARAGRAPH 8. BE YOUR ALTERNATE PLAN:
YES, PLE 9. a. addresses	WISH TO SPECIFICALLY EXCLUDE ANYONE FROM YOUR WILL? NoYes IF EASE SPECIFY: If you are UNMARRIED and presently have NO CHILDREN, list the names and sof the person(s) you wish to receive your property. (If more than one person is roperty will pass in equal shares to all listed below who survive you):
RELATIO	ME NSHIP S
RELATIO	ME NSHIP S

FULL NAME	
RELATIONSHIP	
ADDRESS	
FULL NAME	
RELATIONSHIP	
ADDRESS	
b. If all the persons listed in 9a predecease you, list any alternative beneficiaries.	
, , , , , , , , , , , , , , , , , , ,	
FULL NAME	
RELATIONSHIP	
ADDRESS	
FULL NAME	
RELATIONSHIP	
ADDRESS	
ADDITEGO	
10. Many people make special provisions for family heirlooms, jewelry or other items of	
special value to friends	
or relatives. If you have such property and wish it left to a specific person, please complete	tha
following:	uic
lollowing.	
ITEM	
RECIPIENT	
SPECIAL IDENTIFYING FEATURES	
ITEM	
RECIPIENT	
SPECIAL IDENTIFYING FEATURES	
IT CIVI	
RECIPIENT	
SPECIAL IDENTIFYING FEATURES	
ITEM	
RECIPIENT	
SPECIAL IDENTIFYING FEATURES	
ITEM	
RECIPIENT	
SPECIAL IDENTIFYING FEATURES	
11. The person charged with administering your estate, paying taxes and other debts,	
marshalling, preserving, and	
managing your estate assets and property is called an EXECUTOR/EXECUTRIX. State the	÷
name and address of the person you	
wish to serve in this role along with any alternative choices.	
FULL NAME	
RELATIONSHIP	
ADDRESS	

FULL NAME
RELATIONSHIP
ADDRESS
FULL NAME
RELATIONSHIP
ADDRESS
12. The person charged with executing your STATUTORY DURABLE POWER OF
ATTORNEY is called an agent. State the name
and address of the persons you wish to serve in this role, along with any alternative choices.
WHEN WOULD YOU LIKE YOUR STATUTORY DURABLE POWER OF ATTORNEY to
become effective?
immediately upon disability or incapacity
<u> </u>
FULL NAME
RELATIONSHIP
ADDRESS
Alternate 1:
Automate 1.
FIII NAME
FULL NAMERELATIONSHIP
ADDRESSAlternate 2:
Alternate 2.
FILL NAME
FULL NAMERELATIONSHIP
ADDRESSAlternate 3:
Allemate 5.
ELILI NAME
FULL NAMERELATIONSHIP
ADDRESS
13. If you are requesting a DURABLE POWER OF ATTORNEY FOR HEALTH CARE, who
would you like to receive copies of this document?
would you like to receive copies of this document?
ELILI NAME
FULL NAME
RELATIONSHIP
ADDRESS
FULL NAME
RELATIONSHIP
ADDRESS
ELUL MANAE
FULL NAME
RELATIONSHIP
ADDRESS

WHERE WILL YOU BE KEEPING THE ORIGINAL OF THE DURABLE POWER OF ATTORNEY FOR HEALTH CARE?
State the name of the person you wish to make healthcare decisions for you upon your disability or incapacity. Also, list any alternate choices.
FULL NAME
RELATIONSHIP
ADDRESS
Alternate 1:
FULL NAME
RELATIONSHIP ADDRESS
ADDRESS
Alternate 2:
FULL NAME
RELATIONSHIP
ADDRESS
14. If there is there any additional information you feel would assist us in Preparing your Will or Power of Attorney documents, please write it below:
ADVISORS
The following list should be completed and provided to your agents and named executors. It
would assist me if you permit me to contact any insurance company or financial institution to
determine the status of title and designation of beneficiaries. This should be done for each
pension plan, IRA account, life insurance policy or annuity.
Do I have your permission to contact such companies? YesNo
AccountantPersonal:
Accountant-Business:
Attorney-Personal:
Attorney-Business:
Banker/Trust Officer:
Bank Name and Address:
Life Insurance Advisor:
Company Name and address:
Casualty Insurance Advisor:
Investment Advisor/Broker:
Name and Address:
Personal Physician:
Rusiness Associates:

Other Advisors Not Listed Above:
\$
Standard Will
Physician's Directive
Will w/Special InstructionsPhysician's Directive-Catholic Version
Codicil to a current Will
Health Care Power of Attorney
Trust Provision
Employment-based Pension ClauseStatutory Durable Power of Attorney
Ciatatory Darable i Ower of Attorney
Other
Uniform Transfer to Minors Clause

ATTORNEY NOTES: