

WILL INTERVIEW CHECK LIST

Full Name _____
Street Address _____ Date of Birth _____
City/State/Zip _____
E-mail address _____
Telephone (home) _____ (work) _____ (cell) _____
Spouse's Full Name _____
Have you ever been divorced? _____ Name of former spouse _____
Where? (county & state) _____ When? (year) _____
Children (*full names*) and (city & state where they presently reside if not with parents)

Parents' Full Names and where they reside (*city & state only*) (If parents are deceased, please indicate)

Brothers Full Names and where they live (*city & state only*)

Sisters Full Names and where they live (*city & state only*)

Name of your Executor and one (1) or two (2) alternate Executors

Names of a Trustee and a Guardian of your minor children, and alternate:

Special Bequests (if any)

Estate shall pass as follows:

Do you want a minor's trust set up for your child/children? Yes or No

IRAs and other Deferred Income Plans Passing Outside of Probate

IMPORTANT: Make sure these pass to a named beneficiary OTHER THAN the Estate. If these pass to estate, income tax on same may be high. It is client's responsibility to handle these directly with the Custodian or Administrator.

Acknowledged: _____

LIST: _____ Custodian _____ Beneficiary _____ AMT _____
_____ Custodian _____ Beneficiary _____ AMT _____
_____ Custodian _____ Beneficiary _____ AMT _____

Powers of Attorney

Statutory Power of Attorney (business)

1st designated agent

Name: _____

Address: _____

Phone #: _____

2nd designated agent

Name: _____

Address: _____

Phone #: _____

Health care / directive to physicians

1st designated agent

Name: _____

Address: _____

Phone #: _____

2nd designated agent

Name: _____

Address: _____

Phone #: _____

In addition to my agents, I want the following to be able to verify my presence as a patient at any hospital, and learn my location, reason for admittance and general condition: (names only)

