



**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
- 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  | 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**