

INFORMATION FOR WILLS

Your appointment is scheduled on ____ at ____ at our office located at 4819 South Park Avenue, Hamburg, New York.

Please complete this form and bring it with you to your appointment.

1. Name: _____
First Middle Initial Last

Spouse Name: _____
First Middle Initial Last

Current Address: _____
Street, City, State, Zip County

Prior Address : _____
Street, City, State, Zip County

Home Phone No. _____ Cell No. _____

Work/Business No. _____ Email _____

Date of Birth: _____ Spouse Date of Birth: _____

Social Security No. _____ Spouse Soc. Sec. No. _____

Occupation/Employer: _____

Spouse Occupation/Employer: _____

Citizenship: _____ Referred By: _____

2. Please list all living relatives who would share in your property if you had no Will (e.g. children and parents and siblings):

Name	Address/Phone	D/O/B	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Any prior marriages for you or your spouse?

4. Names of step-children:

5. Do you have a safe deposit box? _____ If so, where? _____

6. Do you have: Power of Attorney? _____ Health Care Proxy? _____

7. Which of the above items would you like us to prepare? _____

8. Date of most recent Will and who prepared it:

9. Who do you want to act as Guardian of your child/children if they are minors at the time of your death?

Name/Address/Relationship:

10. Who do you want to act as Executor and Alternate Executor:

Name/Address/Relationship:

11. If a Trust is created for your spouse or minor children, who do you want to act as Trustee?

Name/Address/Relationship:

12. If, at the time of your death, there is no surviving spouse and there are no children surviving you, who would you want your property and assets to go to?

13. List all Life Insurance policies:

Company	Type	Face Value/Cash Value	Beneficiary (1st & 2nd)
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14. List Bank accounts, CD's and Money Market Funds (individual and joint):

Bank/Institution	Type of Account	Approx. Bal.	Name of Owners
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15. List all Real Estate (individual and joint):

Brief Description	Value	Mortgage Balance	Name of Owners
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16. List all retirement plans, IRA's, 401-K's etc.:

17. Stocks, Bonds, Mutual Funds, Annuities (individual and joint):

No. of Shares	Class	Company	Value	Name of Owners
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18. List any other property you own or in which you have an interest, including business interests, notes or mortgages owed to you, autos, boats, valuable jewelry, art work, etc.:

19. Do you reasonably expect to inherit any property or receive any substantial gifts or powers of appointment? If so, explain briefly:

20. Would you like us to file your original Will in safekeeping at the Courthouse?

21. What disposition do you wish to make of your property? _____

22. Are there any specific bequests of cash, jewelry, personal property, furniture?

23. Any other provisions you would like to make in your will such as burial desires?

24. If we prepare a Power of Attorney do you wish to give your agent:

- A. Broad powers _____
- B. Limited powers _____
- C. Power to pay bills _____
- D. Do banking _____
- E. Power to make unlimited gifts to family members, including your agent _____
- F. Limit gifts to certain amount _____

Additional comments or concerns regarding the preparation of your last will and testament:
