

WILL
INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

employer's name: _____

home: _____ time to call: _____

cell: _____

Client's email: _____

Client's S.S.#: _____

Client's D.O.B.: _____

Has any other attorney represented client in this matter? _____

If so, provide Name, Address & Phone Number of prior attorneys.

INTERVIEW QUESTIONS:

Testator's Information

1. Testator's name as it is to appear on the Will: _____

2. Testator's marital status:
____ Married ____ Separated ____ Divorced ____ Single

3. If married, testator's spouse's name as it is to appear on their Will, if spouse's Will is also being prepared:

4. Names and ages of children of this marriage:

<u>Name</u>	<u>Age/DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Names and ages of children of prior marriage or relationship and name and address of other parent:

<u>Name</u>	<u>Parent</u>	<u>Age/DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Are any children disabled, whether minors or adult: _____ Yes _____ No

<u>Name</u>	<u>Minor/Adult</u>	<u>Age/DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Names and ages of any descendants of any predeceased children:

<u>Name</u>	<u>Child of</u>	<u>Age/DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. If testator has no children, list the names and addresses of testator's other heirs:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____

9. Prior family names, married names, maiden names, other names and addresses to help locate other potential heirs:

Prior Will Information

10. Does the testator have a Will now: _____ Yes _____ No.

(If yes, explain the consequences of executing a new Will)

(Consider if any existing will may be Joint and/or Mutual made pursuant to will contract and if other party agrees to revocation)

11. Location of any prior Wills: _____

Other Documents Affecting Disposition

12. If divorced provide property settlement judgment:

13. Please provide all ante-nuptial and post-nuptial agreements:

Asset Information

14. Describe and state the fair market value of any real estate:

<u>Description</u>	<u>FMV</u>
<hr/>	<hr/>

15. Describe and state the fair market value of any personal property:

<u>Description</u>	<u>FMV</u>
<hr/>	<hr/>

16. Has Testator been granted any Powers of Appointment: ____ Yes ____ No.

If so, provide underlying documentation: _____

Testamentary Desires Information

17. Describe who is to receive testator's assets: _____

18. Explain to client that assets with named beneficiaries and assets titled with rights of survivorship, expressly or by operation of law (consider POD accounts, jointly held bank accounts, Certificates of Deposit, automobiles), do not pass through the will if the joint owner or a named beneficiary survive testator.

19. Who is to be named executor:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Who is to be named alternate executor:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Provisions Information

21. Does the testator want a survivorship clause for any named devisee or legatee:

_____ Yes _____ No.

If yes, what period of survivorship does testator want:

15. Does the testator want a disinheritance clause in the event of an unsuccessful Will contest:

_____ Yes _____ No.

16. Does the testator want to name a guardian for any minor children: _____ Yes _____ No

If yes, who for the Estate:

First: _____

Successor: _____

If Yes, who for the Person:

First: _____

Successor: _____

17. Does the testator want to name a guardian for him/herself in the event of disability:

____ Yes ____ No.

If yes, who for the Estate:

First: _____ Successor: _____

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If Yes, who for the Person:

First: _____ Successor: _____

18. Does the testator want a property or health care power of attorney, or does the testator already have one of each:

If the testator already has Powers of Attorney, are the named Agents consistent with named Guardians for the testator in the immediately preceding question.

19. Does the Testator also want a Living Will: ____ Yes ____ No.

Miscellaneous

20. Comments: _____

CLIENT VERIFICATION:

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
_____ CLIENT

***COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. ***