

CLIENT INTERVIEW - WILLS

A. PERSONAL INFORMATION

1. Full Name, SS# and D.O.B _____
2. Have you ever been known under any other names? _____
3. Residence address and phone number. _____

4. Any Plans to Relocate to Another State? _____
When? _____ What State? _____
5. Occupation _____
6. Business address and phone number. _____

7. Have you ever been in the military? _____
Veterans Administration Claim No. _____ Military Service No. _____
Any disability? _____
8. Have you ever been employed by a government agency? _____
If so, which? _____
9. Date and place of birth _____
10. Social Security Number _____
11. Full name of spouse (any other names) _____
12. Spouse's date and place of birth _____
13. Date and place of marriage _____
14. Spouse's Social Security Number _____

15. Children:

Names	Date and Place Birth	Married	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Are all children born of your present marriage? _____ Any stepchildren? _____
Any adopted children? _____

17. If you are a widow(er), date and place of spouse's death. _____

18. Any prior marriages of you _____ of your spouse _____
Dates and Courts issuing divorce decrees _____
Are you making payments of alimony and/or support in accordance with either Court Order
of separation agreement? _____

19. Physical and mental condition of children _____
Any conditions requiring different treatment _____

20. Have you or your wife ever made prior wills? _____
_____ In existence now? _____ Revoked? _____
How revoked? _____

21. Accountant - (Name and Address) _____

22. Insurance Agent - (Name and Address) _____

23. Stock Broker - (Name and Address) _____

24. Safe Deposit Box, location, box number, whether single or joint name. _____

B. PROPERTY INFORMATION

1. Residence Legal Description (ie: Lot, Square if known) _____

How Titled (please furnish a copy of deed; if possible) _____

Date of Purchase _____ Purchase Price _____

Improvements _____ Approximate Value Price Today _____

Amount and date of last tax assessment _____

_____ Amount of Remaining Mortgage _____

Holder of Mortgage _____

Amount of Mortgage Insurance and Designated Beneficiary _____

2. Any other real estate? _____

Secured location and same information as for home. _____

C. STATE OF FINANCIAL AFFAIRS

1. Checking Account: (1)

Name of Bank (including branch) _____

In whose name _____ Approximate average balance _____

Is Power of Attorney attached to account? If so, to whom _____

Bank Officer with whom you normally deal _____

Checking Account: (2)

Name of Bank (including branch) _____

In whose name _____ Approximate average balance _____

Is Power of Attorney attached to account? If so, to whom _____

Bank Officer with whom you normally deal _____

2. Savings Accounts:

Name of Institution (include branch) _____

In whose name _____ Account numbers _____

Is Power of Attorney attached to account? Is so, to whom _____

Approximate average balance _____

Bank Officer with whom you normally deal _____

3. Bonds (location, amounts and owners including those held in safekeeping _____

Corporate _____ Federal _____

_____ Municipal _____

4. Stocks (location, amounts and owners including those held in safekeeping). _____

5. Mortgages owned _____

6. CD/Money Market Funds _____

7. Other investments _____

8. Special or unique items of personal property (including rings, heirlooms, antiques)(who owns household effects). _____

9. Businesses: Any interest in -

SOLE PROPRIETORSHIPS

Can it be bequeathed to a relative? _____

Can it be sold as a going concern? _____

Must it be liquidated upon your death? _____

What is the business worth without your operating it? _____

PARTNERSHIPS

Partnership agreement? _____

what does it provide? _____

Amount of business life insurance on partners _____

What is your interest worth? _____

CLOSELY HELD CORPORATION

Majority or minority interest? _____

Value of your service to business _____

Provide stock redemption plans or buy and sell agreements _____

Amount of business life insurance on stockholders _____

How many shares do you hold? _____ How many issued? _____

What is your interest worth? _____

10. Business Benefits: (also who is beneficiary). _____

Group insurance _____ Credit Union Account _____

Retirement Fund _____

Pension or Profit Sharing Benefits-qualified and non-qualified? _____

Deferred Compensation _____

Stock Option _____

11. Life Insurance: _____ Company _____
Policy Number and Amount _____
Beneficiaries _____
Ownership _____
Payment Provisions _____

12. Government Insurance or G.I. Converted _____

13. Hospital and Disability Insurance _____

14. Any anticipated inheritances _____

15. Any anticipated special obligations to family member _____

16. Are you a beneficiary or grantor of a trust? (If yes, provide the document.) _____

17. Debts - what is the nature and extent of your indebtedness including whether or not any of the debts are secured on property previously listed. _____

D. PLAN

18. Any directions concerning the funeral or burial (including desire to be cremated)? _____

19. Have you prepaid funeral arrangements? _____

20. Have you made an anatomical gift? _____

21. Bequests (*include an alternate disposition*, in case the beneficiary predeceases you:

a. Personal Property _____

Main Beneficiary _____

Alternative Beneficiary _____

b. Real Estate _____

Main Beneficiary _____

Alternative Beneficiary _____

c. Remainder (anything else) _____

Main Beneficiary _____

Alternative Beneficiary _____

22. What if property becomes distributable to a minor? _____

23. Name & Address of:

a. Beneficiaries listed above:

b. Trustees (include an alternate):

c. Executors*:

d. Guardian for Children:

* If you are a Virginia or Florida resident, your executor should be an in state resident, unless it is an immediate family member.

24. Is there any reason why the plan omits a close relative who under ordinary circumstances might justifiably be expected to receive some benefits through your Will? _____

25. What documents would you like prepared? (Check all that apply)

- Last Will & Testament
- Medical Power of Attorney (person to make medical decisions in the event you are incapacitated as determined by two doctors) (please provide name, address and social security number of designee and one back-up designee if desired)
- General Power of Attorney (person to handle your everyday affairs, like paying bills, writing checks, filling out taxes, dealing with real estate, etc.) (please provide name, address and social security number of designee and one back-up designee if desired)
- Living Trust (this is a complex document that transfers your real estate and person property into a trust and requires the title of your real estate to be transferred to the trust)
- Living Will (instructions not to be kept alive by other than ordinary means)
- Burial Designation (DC and VA only- appoints who you want to make burial decisions for cremations or your remains)

E. HEIRS AT LAW AND NEXT OF KIN (including those of whole and half blood)

Father: _____ Age: _____
Address: _____ Social Security Number: _____
_____ Date of Death: _____

Mother: _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____

Brother/Sister _____
Address: _____

Age: _____
Social Security Number: _____
Date of Death: _____