

# Information For My Attorney

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete **both sides** of this sheet and bring with you to your appointment.

**1. Names and Addresses of your Next-of-Kin:** (i.e. children; if none, parents; if deceased, then siblings)

<u>Legal name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. Testamentary Intent:** (Generally, Who do I/we want to benefit from the estate at death?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Executor and alternates:**

	<u>Legal name</u>	<u>Address</u>	<u>Relationship</u>
Executor	_____	_____	_____
1 <sup>st</sup> Alternate	_____	_____	_____
2 <sup>nd</sup> Alternate	_____	_____	_____

**4. Guardian and alternates (if there are minor children):**

	<u>Legal name</u>	<u>Relationship</u>	<u>As individual</u>	-or-	<u>Only if married to</u>
Guardian:	_____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____
1 <sup>st</sup> Alternate:	_____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____
2 <sup>nd</sup> Alternate:	_____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____

You may be considering other legal documents in addition to your Will, namely a **Durable Power of Attorney (POA)**, and/or a **Living Will/Durable Power of Attorney for Healthcare (LWHCPOA)**. If so, please fill out this portion of the form. (You may complete the address portion only once if naming the same individuals throughout. Please note that the POA requires a **date of birth**, and the LWHCPOA requires a **telephone number**.)

**5. Name, Address and Date of Birth of Attorney-in-Fact and alternates for Durable Power of Attorney:**

	<u>Legal name</u>	<u>Address</u>
Primary:	_____	_____
	Relationship: _____	Date of Birth: _____
1 <sup>st</sup> Alternate:	_____	_____
	Relationship: _____	Date of Birth: _____
2 <sup>nd</sup> Alternate:	_____	_____
	Relationship: _____	Date of Birth: _____

**6. Name, Address and Telephone Number of contacts for Living Will and/or Healthcare Power of Attorney:**

	<u>Legal name</u>	<u>Address</u>	<u>Telephone:</u>
Primary:	_____	_____	_____
1 <sup>st</sup> Alternate:	_____	_____	_____
2 <sup>nd</sup> Alternate:	_____	_____	_____

**7. Special Considerations:**

- I own out-of-state real estate located in \_\_\_\_\_.
- I have a prior Will or an existing trust. (Please bring to the appointment.)



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