

## SIMPLE WILL INTAKE

In a Simple Will, except for specific bequests (see below), your entire estate will either go to your spouse, or to your children, if your spouse dies before you.

PLEASE ANSWER ALL QUESTIONS

**1. Personal Information:**

a. Your Name \_\_\_\_\_

b. Your Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Phone #: \_\_\_\_\_

d. Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_

e. Your email address: \_\_\_\_\_

**2. Spouse's Information**

a. Full Name \_\_\_\_\_

b. Address: [Same as above \_\_\_\_]

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* If you are not married, please list the names and address of the persons or charitable organizations that you want to receive your assets upon your death:

\_\_\_\_\_

\_\_\_\_\_

**3. Marital Information:**

a. Have you ever divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Your Dependents (list your Children):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\* If your children are minors (under 18 years), then please state the name and address of the individual(s) you would like to recommend for guardianship [i.e. to care for your children and their inheritance]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If one of your children or beneficiary(ies) dies before you, do you want his or her share of your estate to go to your other living children? [Yes \_\_\_; No \_\_\_] – or – Do you want your deceased child’s share of your estate to go to his or her issue (i.e.; children/grandchildren of that deceased child) [Yes \_\_\_; No \_\_\_].

5. Specific Bequests: Do you want to make any specific bequests? (Forexample: my wedding ring to daughter or my gold watch to my nephew)? If so, then state: Item & Full Name of Person:

- \_\_\_\_\_ Item & Full Name of Person:
- \_\_\_\_\_ Item & Full Name of Person:
- \_\_\_\_\_ Item & Full Name of Person:
- \_\_\_\_\_ Item & Full Name of Person:
- \_\_\_\_\_ Item & Full Name of Person:
- \_\_\_\_\_ Item & Full Name of Person:

6. Disinherit: Do you want to exclude any individuals from your will? Yes \_\_\_ No \_\_\_. If yes, then state Full Name of Each Person(s) to be disinherited:

\_\_\_\_\_

\*\*\* Do you want to disinherit an individual if he or she contests your Will? Yes \_\_\_ No \_\_\_

7. Executor: Who do you want to be your Executor [the person that would administer your will?]  
In most cases, this will be your spouse. If Spouse check here \_\_\_\_. If some other person(s), then state the full name and address of person:

\_\_\_\_\_

\*\*\* Please provide name and address of Alternate Executor to be appointed in case the person that you have named Executor is unable or unwilling to perform the duties: \_\_\_\_\_

\_\_\_\_\_

8. Burial Requests: Do you have any special requests for your funeral or burial?  
Yes \_\_\_ No \_\_\_ Specific Cemetery: \_\_\_\_\_ Specific Directions for Your Funeral: \_\_\_\_\_

\_\_\_\_\_

Cremation: Yes \_\_\_ No \_\_\_

9. Living Will/Durable Healthcare Proxy and Power of Attorney: Are you interested in a Power of Attorney, Living Will [Do Not Resuscitate Order] or Durable Healthcare Proxy [allows a person to make decisions concerning your healthcare if you cannot]? Yes \_\_\_ No \_\_\_  
\*\*\*\* If yes, then please state the name, address and telephone number of the person you would like to name as your Power of Attorney (person who will make health decision on your behalf):

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Please indicate name, address and telephone number of Alternate Person to Act: \_\_\_\_\_

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