

THE LAW OFFICE OF JESSICA M. WARREN, PC

May we send you drafts of any documents we prepare for you via email? YES NO

Would you like for us to keep your original will(s) for you? YES NO

GENERAL INFORMATION

Marital Status: ☐ Married ☐ Unmarried, with long-term partner (domestic partner)

Client Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: ☐ Male ☐ Female SS#: _____ DOB: _____

U.S. Citizen? ☐ Yes ☐ No

If No, specify citizenship: _____

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Spouse/Partner Name Information

First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____ Alias Name (if any): _____

Gender: ☐ Male ☐ Female SS#: _____ DOB: _____

U.S. Citizen? ☐ Yes ☐ No

If No, specify citizenship: _____

Health: ☐ Excellent ☐ Reasonably good ☐ Poor ☐ Serious Adverse Condition

Legally blind? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No

Contact Information

	Client	Spouse/Partner (If same as Client, please note)
Address		
City		
State		
Zip		
/Home Phone		
Home Fax		
Personal email		
Cell Phone		
Business Phone		
Business Fax		
Business email		

Client: May we contact you by phone? _____

If yes, at which telephone numbers? (work, home, cell) _____

May we leave you a message? _____

If yes, at which telephone numbers? (work, home, cell) _____

May we contact you by email? _____

May we send drafts of your documents to you by email? _____

If yes, at which email? (business or personal) _____

Preferred method of contact? (email, phone, regular mail) _____

Spouse/Partner: May we contact you by phone? _____

If yes, at which telephone numbers? (work, home, cell)_____

May we leave you a message? _____

If yes, at which telephone numbers? (work, home, cell)_____

May we contact you by email? _____

May we send drafts of your documents to you by email?_____

If yes, at which email? (business or personal) _____

Preferred method of contact? (email, phone, regular mail)_____

Referral Information

By whom were you referred to this office? _____

CHILDREN (if applicable)

	Name	Living	Gender	Date of Birth	Child of Both	Child of Client only	Child of Spouse only
1		Y / N	M/F		Y / N	Y / N	Y / N
2		Y / N	M/F		Y / N	Y / N	Y / N
3		Y / N	M/F		Y / N	Y / N	Y / N
4		Y / N	M/F		Y / N	Y / N	Y / N
5		Y / N	M/F		Y / N	Y / N	Y / N
6		Y / N	M/F		Y / N	Y / N	Y / N

	Address (if not living with client and spouse/partner)	Legally Blind?	Disabled?	Receives SSI	Completed Education?
1		Y / N	Y / N	Y / N	Y / N
2		Y / N	Y / N	Y / N	Y / N
3		Y / N	Y / N	Y / N	Y / N
4		Y / N	Y / N	Y / N	Y / N
5		Y / N	Y / N	Y / N	Y / N
6		Y / N	Y / N	Y / N	Y / N

Guardian(s) for minor or disabled children in order of preference (if applicable):

Name:	Address:	Telephone numbers:

Disposition of Property

In general, describe the way you want your property to pass upon your death.

Client:

If your spouse/partner survives you, do you want your property to pass to your spouse/partner?

If so, do you want to make gifts to your spouse/partner outright or in trust?

How do you want to dispose of your property, if your spouse/partner does not survive you?

Prefer gift to children (if any) to be given:

☐ Outright ☐ In a Trust

Age at which trust should terminate? _____

Do you wish to treat children equally?

☐ Yes ☐ No

Prefer gifts to grandchildren (if any) to be given:

☐ Outright ☐ In a Trust

Spouse/Partner:

If your spouse/partner survives you, do you want your property to pass to your spouse/partner?

If so, do you want to make gifts to your spouse/partner outright or in trust?

How do you want to dispose of your property, if your spouse/partner does not survive you?

Prefer gift to children (if any) to be given:

☐ Outright ☐ In a Trust

Age at which trust should terminate? _____

Do you wish to treat children equally?

☐ Yes ☐ No

Prefer gifts to grandchildren (if any) to be given:

☐ Outright ☐ In a Trust

Do you wish to treat grandchildren equally?

☐ Yes ☐ No

Takers of Last Resort:

If your spouse/partner does not survive you and none of your descendants (children and grandchildren) survive you, would you like your property to go to your heirs at law or a charity?

Do you wish to treat grandchildren equally?

☐ Yes ☐ No

Takers of Last Resort:

If your spouse/partner does not survive you and none of your descendants (children and grandchildren) survive you, would you like your property to go to your heirs at law or a charity?

Do you want to make any specific gifts of property to anyone?

Do you want to make any specific gifts of property to anyone?

Other Beneficiaries

Specify gift to other beneficiary(ies):

Specify gift to other beneficiary(ies):

EXECUTORS(for Wills)

CLIENT'S EXECUTORS

Initial Executors Under Client's Will to serve concurrently (if more than one person is listed).

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Executors Under Client's Will to serve at death/disability of Initial Executors.

(If more than one successor is listed, please note whether successors are to serve concurrently or individually in the order listed.)

Name

SPOUSE/PARTNER'S EXECUTORS

Initial Executors Under Spouse/Partner's Will to serve concurrently (if more than one is listed).

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Executors Under Spouse/Partner's Will to serve at death/disability of Initial Executors. (If more than one successor is listed, please note whether successors are to serve concurrently or individually in the order listed.)

Name

TRUSTEES (if applicable)

CLIENT'S TRUSTEES

Initial Trustees for Client to serve concurrently (if more than one is listed).

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Trustees for Client (If more than one successor is listed, please note whether successors are to serve concurrently or individually in the order listed).

Name

SPOUSE/PARTNER'S TRUSTEES

Initial Trustees for Spouse/Partner to serve concurrently (if more than one is listed).

Name
Check if Spouse/Partner is first choice <input type="checkbox"/>

Successor Trustees for Spouse/Partner

(If more than one successor is listed, please note whether successors are to serve concurrently or individually in the order listed).

Name

SPOUSE'S/CLIENTS HEALTH CARE DIRECTIVES

Do you have a current Living Will? ☐ Yes ☐ No If yes, date: _____

Do you have a current Health Care Directive (also called Health Care Power of Attorneys)? ☐ Yes
☐ No. If yes, date: _____

Do you have a HIPAA Authorization? ☐ Yes ☐ No. If yes, date: _____

IF YOU DO NOT HAVE A LIVING WILL OR HEALTH CARE DIRECTIVE OR YOUR DOCUMENTS ARE OLDER THAN THREE (3) YEARS OLD, PLEASE COMPLETE THE FOLLOWING:

In preparing a Living Will or Health Care Directive, how would you want to provide for continued nutrition/hydration (food/water) if your death was imminent? ☐ Yes ☐ No

Do you wish to become an organ donor? ☐ Yes ☐ No

Primary Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Health Care Agent(s)

Name	Address	City	State	Zip	Phone

Name of Primary Care Physician

Name	Address	City	State	Zip	Phone

**CLIENT'S DURABLE POWER OF ATTORNEY: Names an agent to manage
your financial affairs in the event of your disability or death.**

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

**SPOUSE'S/PARTNER'S DURABLE POWER OF ATTORNEY: Names an agent
to manage your financial affairs in the event of your disability or death.**

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

ASSETS AND LIABILITIES

Personal Net Worth (combined): \$_____

Client Annual Income: \$_____

Spouse Annual Income: \$_____

Client has interest in qualified pension plan(s)? ☐ Yes ☐ No

Spouse/Partner has interest in qualified pension plan(s)? ☐ Yes ☐ No

Please bring a list of all life insurance policies on each of your life and your spouse/partner's life showing the face value, policy loans, the owner and beneficiary of each policy.

FINANCIAL SUMMARY

			ASSETS		LIABILITIES
	Description	Husband	Wife	Joint	
Cash/Liquid					
	Savings				
	Checking				
	Money Market				
	Other				
Real Estate					
	Primary				
	Secondary				
	Other				
Personal Property					
	Automobiles				
	Jewelry				
	Art or Other Collections				
	Boats				
	Other				
Intangibles					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
Retirement Benefits					
	IRAs				
	401K				
	Keough Plan				
	SEP				
	Other				
Life Insurance	Cash Value of all policies				

OTHER PLANNING ISSUES

	Client	Spouse/Partner
Want to benefit Charity?	Y / N	Y / N
Ownership in farm or ranch?	Y / N	Y / N
Ownership in Closely held business?	Y / N	Y / N
Own stock in SubChapter S corporation?	Y / N	Y / N
Ownership in a Medical, Dental or Veterinarian Practice?	Y / N	Y / N
Own a valuable collection? (e.g., art, stamp collections)	Y / N	Y / N
Owns interest in gas/oil?	Y / N	Y / N
Own a Primary Residence?	Y / N	Y / N
Own a Secondary Residence?	Y / N	Y / N
Own other significant interests in real estate?	Y / N	Y / N

MISCELLANEOUS

Do you have a safe-deposit box? ☐ Yes ☐ No

Location of safe-deposit box: _____

Location of important papers: _____

Has Client made gifts to any one person exceeding \$11,000 in any one calendar year? ☐ Yes ☐ No

Has Spouse/Partner made gifts to any one person exceeding \$11,000 in any one calendar year? ☐ Yes
☐ No

Has Client ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: _____

Has Spouse/Partner ever filed a Federal Gift Tax Return? ☐ Yes ☐ No

If Yes, Years of Returns filed: _____

Do you have any other legal issues of which I should be aware? ☐ Yes ☐ No

If Yes, please describe:
