

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 for you? YES NO

GENERAL INFORMATION

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

Contact Information

Address	
City	
State	
Zip	
/Home Phone	
Home Fax	
Personal email	
Cell Phone	
Business Phone	
Business Fax	
Business email	

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 and Address (If not living with you)	Living	Gender	Date of Birth	Legally Blind?	Disabled?	Receiving SSI?
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

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.

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 none of those listed above 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?

Other Beneficiaries

Specify gift to other beneficiary(ies):

EXECUTORS(for Wills)

Initial Executors to serve concurrently (if more than one is listed)

Name

Successor Executors to serve at death/disability of Initial Executors (Please note whether you want named successors to serve concurrently or alone in the order listed.)

Name

TRUSTEES (if applicable)

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

Name

Successor Trustees for Client (Please note whether you would like the successors to serve concurrently or as sole trustees in the order listed below.)

Name

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

DURABLE POWER OF ATTORNEY: Names an agent to manage your financial affairs in the event of your disability or incapacity

Primary Agent(s)

Name	Address	City	State	Zip	Phone

Alternate Agent(s)

Name	Address	City	State	Zip	Phone

ASSETS AND LIABILITIES

Personal Net Worth: \$_____

Annual Income: \$_____

Do you have an interest in qualified pension plan(s)? ☐ Yes ☐ No

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

FINANCIAL SUMMARY

	ASSETS	VALUE	LIABILITIES
	Description		
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

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

MISCELLANEOUS

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

Location of safe-deposit box: _____

Location of important papers: _____

Have you 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:
