

WILL PLANNING INFORMATION FORM

Please fill out and return this form to the office for preparation of your Last Will & Testament and other documents. Please fill in all information to the best of your knowledge. If you are unsure of something, please call or e-mail for assistance.

Name: _____ DOB: _____

Address: _____

Are you a legal resident of the United States? Y N

Are you a legal resident of New York State? Y N

Phone Number: _____ E-mail: _____

Please indicate one of the following:

I am legally married. Full Name of Spouse: _____

I am in a domestic partnership. Full Name of Partner: _____

I am divorced (or have had a marriage annulled) or a divorce/annulment proceeding has been commenced.

I am legally separated.

I am widowed.

I have never been married.

Please complete this section if you have children:

Child's Full Name	DOB	Address*
_____	_____	_____
_____	_____	_____
_____	_____	_____

** For any children who are under the age of 18, please also list the name of the person(s) with whom the child resides.*

General & Specific Bequests:

I leave my:	To:	Notes:
<i>Ex.: diamond jewelry</i>	<i>my daughters, Susie & Jane</i>	<i>In equal shares</i>
<i>Ex: my house at 123 Street</i>	<i>my church, St. Joseph's of Anytown</i>	

Please use additional pages as you need them.

Are you specifically NOT leaving anything to a spouse or one or more of your children?
If so, please explain:

Name of Person Omitted:	Reason:
_____	_____
_____	_____
_____	_____
_____	_____

Executors:

Name of Executor: _____

Address: _____

Is Executor an attorney licensed to practice in New York? Y N
An executor does not need to be an attorney. However, if your nominated executor is an attorney, a disclosure must accompany your Will. Knowing this in advance allows us to have this disclosure ready and available.

Name of Successor Executor: _____
If Executor is unable or unwilling to serve.

Address: _____

Is Successor Executor an attorney licensed to practice
in New York? Y N

Guardians for Minor Children:

Name(s) of Guardian(s): _____

Address: _____

Relationship of Guardian(s) to You: _____

Name(s) of Successor Guardian(s): _____

Address: _____

Relationship of Successor Guardian(s) to You: _____

Please do not include information regarding funeral arrangements or disposition of human remains in your Will. Please see "Disposition of Human Remains" below.

HEALTH CARE PROXY- Please complete this section if you wish to create a health care proxy to allow someone else to make medical decisions for you in the event you are unable to make these decisions for yourself. Please note that this is a separate document and carries a separate charge from preparation of your Will.

Health Care Agent Name: _____

Address: _____

Relationship to You: _____

Have you discussed with this person your wishes regarding medical care? Y N

Successor Health Care Agent Name: _____

Address: _____

Relationship to You: _____

Have you discussed with this person your wishes regarding medical care: Y N

In the event that you are in an irreversible state, such as a persistent vegetative state, do you want to have artificial nutrition and hydration forced upon you?

Y N

Do you wish to be an organ/tissue donor and allow your organs/tissues to be harvested for an anatomical gift upon your death? Y N

Please do not include requests regarding funeral arrangements or disposition of human remains in your Health Care Proxy. Please see "Disposition of Human Remains" below.

POWER OF ATTORNEY- Please complete this section if you wish to grant a power of attorney to someone. Please note that a power of attorney does NOT replace a Will and terminates either upon your revoking it or upon your death. Please note that this is a separate document and is at a separate charge from your Will.

Nominated Agent Name: _____

Address: _____

Successor Agent Name: _____

Address: _____

DISPOSITION OF HUMAN REMAINS- This document will be prepared free of charge for clients having either a Will or a Health Care Proxy prepared. Please note that it is not advisable to include your requests for disposition in your Will, as it may be a significant period of time after death before the Will is admitted to probate. A Health Care Proxy is only valid during your lifetime, and cannot be used to authorize disposition.

Disposition of human remains shall comport with Federal, State and local laws.

Name of Agent: _____

Address: _____

Relationship to You: _____

Please note that you MUST discuss this with your nominated agent. He/she must accept the appointment, evidenced by his/her notarized signature on an acceptance form, in order for it to be valid.

Successor Agent: _____

Address: _____

Relationship to You: _____

Have you entered into a pre-paid funeral/burial arrangement? Y N

If so, name of funeral home: _____

Address of funeral home: _____

Special Directions: _____
