
WILL
INTAKE INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____

PHONE: _____ FAX: _____ CELL: _____

SOCIAL SECURITY NO: _____

E-MAIL ADDRESS: _____

SPOUSE: _____

DO YOU WANT ALL OF YOUR PROPERTY TO GO TO YOUR SPOUSE IF HE/SHE SURVIVES YOU?

YES _____ NO _____ N/A _____

IF YOUR SPOUSE PREDECEASES YOU, OR YOU ARE SINGLE, WHO DO YOU WANT TO HAVE YOUR PROPERTY?
(name/address/phone/relationship)

1. _____
2. _____
3. _____
4. _____
5. _____

SHOULD THEY SHARE EQUALLY, WITH HIS/HER SHARE PASSING TO THEIR DECENDENTS SHOULD HE/SHE PREDECEASE YOU? (Example: your son predeceases you leaving two children. His share is divided between his two surviving children) (Per Stirpes)

YES _____ NO _____

OR

SHOULD THE SHARE THAT HE/SHE WOULD HAVE TAKEN BE GIVEN TO SURVIVING BENEFICIARIES? (Example: your son predeceases you leaving two children. His share is divided among the other beneficiaries which you named in your will) (Per Capita)

YES_____

NO_____

IS THERE ANY SPECIFIC PROPERTY OR ASSET THAT YOU WANT TO GO TO A PARTICULAR PERSON OR ENTITY?

YES_____

NO_____

IF SO, WHAT AND TO WHOM?

Asset

Beneficiary

WHO SHOULD BE THE EXECUTOR OF YOUR WILL?

_____SPOUSE

_____ OTHER:NAME/ADDRESS/PHONE/RELATIONSHIP

WHO SHOULD BE THE ALTERNATIVE EXECUTOR?

NAME/ADDRESS/PHONE/RELATIONSHIP_____

DO YOU WANT ANY PERSONS EXCLUDED FROM THE WILL IN THE EVENT HE/SHE SHOULD COMMENCE A WILL CONTEST ACTION?

YES_____

NO_____

DO YOU WANT ANY OF YOUR CHILDREN INTENTIONALLY EXCLUDED FROM YOUR WILL?

YES_____

NO_____

WILL YOU BE KEEPING YOUR WILL IN A SAFETY DEPOSIT BOX?

YES_____

NO_____

If Yes, BANK:_____

LOCATION:_____

WOULD YOU PREFER TO KEEP YOUR ORIGINAL WILL IN THE SAFETY DEPOSIT BOX OF THE IRWIN LAW OFFICE AT HEARTLAND BANK, WESTERVILLE, OHIO?

YES_____

NO_____