

## Will/Trust Checklist/Questionnaire

Before your appointment for a new or updated will or trust, please complete this form and bring it to your appointment with us. We will use this as part of our intake process to be sure your trust/estate planning needs and wishes are met.

**Note:** If part of this does not apply, please cross it out or indicate "NA" (not applicable). If you need more space, please add extra sheets. If you do not know about a particular item, just indicate "unknown."

### CLIENT INFORMATION

Intake Date: \_\_\_\_\_  
Client's Full Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

### CLIENT'S CONTACT INFORMATION

Telephone No.: \_\_\_\_\_  
Alt. Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates at current address: \_\_\_\_\_

### CLIENT'S MARITAL STATUS

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Spouse's name: \_\_\_\_\_  
Spouse's date of birth: \_\_\_\_\_  
Citizenship (if other than U.S.): Client \_\_\_\_\_ Spouse \_\_\_\_\_  
Former marriages? Client: \_\_\_\_\_ || Spouse: \_\_\_\_\_  
\_\_\_\_\_

**CLIENT'S MILITARY SERVICE**

Service Serial Number: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Veterans' Administration Disability No: \_\_\_\_\_

**CHILDREN AND OTHER PERSONS TO BE CONSIDERED**

**Children of Current Marriage (including legally adopted children):**

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**Children from Client's Former Marriage(s) (including legally adopted children):**

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**Children from Client's Spouse's Former Marriage(s) (including legally adopted children):**

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Is this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**Client's Deceased Children:**

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Was this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
Was this child married? \_\_\_\_\_  
Child's Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**OTHER PEOPLE TO BE CONSIDERED IN YOUR ESTATE**

Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Charitable Organizations You Have Supported or Wish to Support**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Website (if available): \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Website (if available): \_\_\_\_\_

**CURRENT WILLS AND TRUSTS**

Do you have an existing will? \_\_\_\_\_  
If yes, date of will: \_\_\_\_\_  
If yes, primary executors or guardians:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If yes, contingent executors or guardians:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have an existing trust(s)? \_\_\_\_\_

If yes, name of trust: \_\_\_\_\_

If yes, date of trust: \_\_\_\_\_

If yes, primary trustees:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If yes, contingent/secondary trustees:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you have an existing trust(s)? \_\_\_\_\_

If yes, name of trust: \_\_\_\_\_

If yes, date of trust: \_\_\_\_\_

If yes, primary trustees:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

If yes, contingent/secondary trustees:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**BEQUESTS**

(Note that anything you do not specifically mention and dispose of in a will becomes part of the residuary estate and can potentially be liquidated by the executor of the estate.)

**General Bequests** (dollar amount or percentage, subject to abatement if the will falls short, but not ademption):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Bequests** (specific tangible items/property, subject to abatement, also subject to ademption; if the item doesn't exist anymore, the beneficiary gets nothing to replace it):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demonstrative Bequest** (dollar amount or percentage from a specific source/account, subject to abatement, but not ademption; if the account is closed, they get the money from elsewhere):

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**Residue and Remainder** (what to do with everything that is left):

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**Contingency** provision if a specified will beneficiary is no longer alive:

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**REAL PROPERTY**

Type (e.g., home, condo, etc.): \_\_\_\_\_

Location (City, State): \_\_\_\_\_

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

\_\_\_\_\_

Owner: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

\_\_\_\_ Mortgage \_\_\_\_ Lien \_\_\_\_ None

Bequest subject to mortgage/lien? \_\_\_\_\_

Type (e.g., home, condo, etc.): \_\_\_\_\_

Location (City, State): \_\_\_\_\_

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

Owner: \_\_\_\_\_  
Type of Ownership: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_  
\_\_\_\_\_ Mortgage \_\_\_\_\_ Lien \_\_\_\_\_ None  
Bequest subject to mortgage/lien? \_\_\_\_\_

**PERSONAL PROPERTY (e.g., cars, jewelry, valuables)**

Item: \_\_\_\_\_  
Locations: \_\_\_\_\_

Item: \_\_\_\_\_  
Locations: \_\_\_\_\_

Liens? \_\_\_\_\_  
If yes, make bequest subject to the lien? \_\_\_\_\_

Item: \_\_\_\_\_  
Locations: \_\_\_\_\_

Liens? \_\_\_\_\_  
If yes, make bequest subject to the lien? \_\_\_\_\_

Item: \_\_\_\_\_  
Locations: \_\_\_\_\_

Liens? \_\_\_\_\_  
If yes, make bequest subject to the lien? \_\_\_\_\_

Item: \_\_\_\_\_  
Locations: \_\_\_\_\_

Liens? \_\_\_\_\_  
If yes, make bequest subject to the lien? \_\_\_\_\_

**BANK ACCOUNTS, INVESTMENTS, 401(k), etc. (if specifically given out):**

Type of Account: \_\_\_\_\_



Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank: \_\_\_\_\_

**DEBTS**

Other than mortgages or loans/liens on specific items, it is recommended that all taxes, fees, and expenses be paid out of the estate prior to any distributions. Is this satisfactory?

\_\_\_\_\_

If any of your recipients or beneficiaries are under 18, do you want their share to be placed in trust?

\_\_\_\_\_ If yes, until what age? \_\_\_\_\_

(note the potential for exceptions; education, travel, annual amounts, etc.)

**FOR YOUR NEW WILL/TRUST: EXECUTORS AND TRUSTEES**

**Designate an executor:**

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

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

\_\_\_\_\_

Are they allowed to appoint a co-executor?

\_\_\_\_\_

Alternate executor? If, so:

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

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

\_\_\_\_\_

**Designate trustees for any trusts created by the will:**

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**Appointment of Guardian for children under 18:**

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

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

Relationship: \_\_\_\_\_

Alternate:

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

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

Relationship: \_\_\_\_\_

**Describe how you would like your estate to be distributed (including negative bequests):**

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**If a new trust is being created:**

**Designate trustee:**

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

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

Are they allowed to appoint a cotrustee?

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Alternate trustee? If, so:

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



**PERSONAL RECORDS WORKSHEET**

Other information you should compile and keep with your records.

Be sure to store all of this information securely!

Name: Social Security Number: \_\_\_\_\_

Name: Social Security Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Location of Your Birth Certificate: \_\_\_\_\_

Location of Spouse's Birth Certificate: \_\_\_\_\_

Location of Your Marriage Certificate: \_\_\_\_\_

Former Addresses:

Address #1: \_\_\_\_\_  
\_\_\_\_\_

Dates of residence: \_\_\_\_\_

Address #2 : \_\_\_\_\_  
\_\_\_\_\_

Dates of residence: \_\_\_\_\_

Address #3: \_\_\_\_\_  
\_\_\_\_\_

Dates of residence: \_\_\_\_\_

Location of existing will: \_\_\_\_\_

Name of Lawyer: \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_

Name of Financial Advisor: \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_

Location of past tax information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVENTORY OF ASSETS**

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*Please note: all the information below is sensitive and should not be stored in an easily accessible location for privacy reasons. Additionally, this information should be destroyed rather than thrown out if ever disposed of. If there is any doubt about whether this form will be securely stored, do not fill out all of the information below.*

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**Safety Deposit Boxes:**

Name & Address of Bank: \_\_\_\_\_

\_\_\_\_\_

Box Number: \_\_\_\_\_ Location of Key: \_\_\_\_\_

Held Jointly with (Name & Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional people with Access to the box (name & address):

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Name & Address of Bank: \_\_\_\_\_

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Box Number: \_\_\_\_\_ Location of Key: \_\_\_\_\_

Held Jointly with (Name & Address):

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Additional people with Access to the box (name & address):

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**Stored Property**

Name and Address of Storage Facility: \_\_\_\_\_

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Storage Unit #: \_\_\_\_\_

Access Code: (It is not advised to write down passwords or access codes or pin numbers but it would be helpful if someone else knew the access code if you are unavailable)

**Location of Personal Safe:**

Access Code: (It is not advised to write down passwords or access codes or pin numbers but it would be helpful if someone trustworthy knew the access code if you are unavailable)

**Credit Cards:**

Company: \_\_\_\_\_ Number: \_\_\_\_\_

Company: \_\_\_\_\_ Number: \_\_\_\_\_

Company: \_\_\_\_\_ Number: \_\_\_\_\_

Company: \_\_\_\_\_ Number: \_\_\_\_\_

**Banking Information:**

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

**Mutual Fund/Money Market Accounts/Other Investment Accounts:**

Institution Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

Names on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_

**Life Insurance:**

Company: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

**Homeowners Insurance:**

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



Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

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

Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

**Automobile Insurance:**

Vehicle #1 Make & Model: \_\_\_\_\_  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

Vehicle #2 Make & Model: \_\_\_\_\_  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

**Other Insurance:**

Company: \_\_\_\_\_ Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

**Policies owned on other persons:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Location of Policy: \_\_\_\_\_

**Loans against any policy:**

Company: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Location of Records: \_\_\_\_\_

**Stocks:**

Company: \_\_\_\_\_ Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

Company: \_\_\_\_\_ Type: \_\_\_\_\_  
Owner: \_\_\_\_\_ Number of Shares: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

**Retirement Plans/Employee Benefits:**

**Individual Retirement Account:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**401(k), 403(b) Plans:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Tax Deferred Annuity:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Qualified Pension, KEOGH or Profit-Sharing Plan:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Deferred Compensation Plan:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Split Dollar, Stock Options or Thrift Plans:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Roth IRA:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**Disability Policies:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Value: \$ \_\_\_\_\_

**Long Term Care Insurance Policies:**

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Value: \$ \_\_\_\_\_

**Debts Owed to me:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liabilities (loans, mortgages, notes, liens, etc.):**

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Owned on What Property? \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Owned on What Property? \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Owned on What Property? \_\_\_\_\_

**MEMORANDUM FOR EXECUTOR:**

Write the memorandum for your executor, for smaller things. Generally, real property or valuable tangibles get mentioned specifically in the will. Smaller things with more sentimental value are more for the memorandum. Also include funeral wishes in the memorandum.

(include this information in addition to property distribution wishes)

Religious Affiliation: \_\_\_\_\_

Name of House of Worship: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Prepaid Burial Costs, if any: \_\_\_\_\_

Funeral Instructions, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Obituary Wording:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tombstone Engraving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cemetery Plot: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_

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

Phone \_\_\_\_\_ Location of deed: \_\_\_\_\_

Is there anyone you wish to be notified of your passing that you believe may not be informed in a timely fashion?

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

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_