



2nd choice \_\_\_\_\_  
\_\_\_\_\_

If you have minor children and you plan to have their share of your estate held in trust, who would you like to have manage the funds?

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

In the event you, your spouse and your children were to die in a common disaster, who would you like to distribute your estate to? Please list names and addresses.

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

Are there any other persons not listed above who you want to share in your estate? Please list names and addresses.

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

## ASSETS

In order to draft your will properly and to minimize the cost of probating your estate, we need to know the value of all your property. If you are not sure, an estimate of the value should be sufficient. Your attorney will be able to answer any questions you may have during your will interview. Please complete the ASSET LIST and bring it with you to your appointment.

### ASSET LIST

**REAL PROPERTY** (Homes, vacant land, rental properties, etc.)

<u>COUNTY</u>	<u>MARKET VALUE</u>	<u>AMOUNT OWED</u>	<u>INSURED?</u>	<u>NAME ON TITLE</u>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Because tax laws can have an expensive effect on the value of your estate, please bring all deeds and land contracts with you to your will interview so that we can insure property is held in a way that will minimize taxes.

**PERSONAL PROPERTY** (Include those items which exceed \$2,500.00 in value)

<u>ITEM</u>	<u>MARKET VALUE</u>	<u>AMOUNT OWED</u>	<u>INSURED?</u>	<u>OWNER(S)</u>
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**CASH AND OTHER INVESTMENTS** (list all bank accounts, stocks, bonds, IRS, etc., over \$2,500.00)

<u>TYPE OF ASSET</u>	<u>VALUE</u>	<u>OWNER/BENEFICIARY</u>

**INSURANCE POLICIES**

<u>Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Cont. Beneficiary</u>

If you wish to leave a specific item (heirlooms, collections, antiques, vehicles, etc.) to a specific individual, please list below. Please list VIN for vehicles.

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Do you have a durable medical power of attorney? Would you like one prepared? If so, please name an agent and successor to make medical decisions for you.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

  

<u>Name</u>	<u>Relationship</u>	<u>Address</u>

Once you have completed the entire questionnaire, please return it as soon as possible in the envelope provided. If you have any questions, do not hesitate to contact your attorney or your legal assistant.

