##### *BusinessLegal, PC*

*(Please click or tap the here to enter text area to enter your data)*

Client Full Name (First, Middle, Last): Click or tap here to enter text.

Home Address (Street, City, State, Zip Code): Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

County of Residence: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Business Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Marital Status: Single Married Divorced Widowed

Domestic-Partnership

Spouse/Partner Full Name (if applicable): Click or tap here to enter text.

How would you prefer to be contacted regarding this matter?  Home  Business Cell

E-mail

If you have children, please complete the following:

Name of Child 1 (Fist, Middle, Last): Click or tap here to enter text. Age Child: Click or tap here to enter text.

Biological  Adopted  Stepchild

Name of Child 2: (Fist, Middle, Last): Click or tap here to enter text. Age Child: Click or tap here to enter text.

Biological  Adopted  Stepchild

Name of Child 3: (Fist, Middle, Last): Click or tap here to enter text. Age Child: Click or tap here to enter text.

Biological  Adopted  Stepchild

Name of Child 4: (Fist, Middle, Last): Click or tap here to enter text. Age Child: Click or tap here to enter text.

Biological  Adopted  Stepchild

Name of Child 5: (Fist, Middle, Last): Click or tap here to enter text. Age Child: Click or tap here to enter text.

Biological  Adopted  Stepchild

Any Children with Special Needs? Yes No

If yes Full Name: Click or tap here to enter text.

Follow the same as above for any additional children:

Click or tap here to enter text.

If you have grandchildren to be named as beneficiaries, please complete the following:

Grandchild 1 (Fist, Middle, Last): Click or tap here to enter text.

Age Child: Click or tap here to enter text.

Grandchild 2 (Fist, Middle, Last): Click or tap here to enter text.

Age Child: Click or tap here to enter text.

Grandchild 3 (Fist, Middle, Last): Click or tap here to enter text.

Age Child: Click or tap here to enter text.

Grandchild 4: (Fist, Middle, Last): Click or tap here to enter text.

Age Child: Click or tap here to enter text.

Grandchild 5: (Fist, Middle, Last): Click or tap here to enter text.

Age Child: Click or tap here to enter text.

Have you been previously married?  yes  no.

Has your spouse been previously married?  yes  no.

Do you currently have any of the following? If so, please bring copies if available to your scheduled appointment.

Last Will and Testament

Revocable Living Trust

Irrevocable Living Trust

Durable Power of Attorney

Health Care Surrogate Designation

Living Will

Pre- or Post-Nuptial Agreement

Other: Click or tap here to enter text.

Do you have long-term care insurance? Yes No

Estimated Net Wealth: Click or tap here to enter text.

Information For Preparation of Wills

**REAL PROPERTY:**

Please list all real estate, in addition to your residence listed above, which you own (including hunting cabins, timeshares or rental property):

Property 1: Full Address: Click or tap here to enter text.

Property 2: Full Address: Click or tap here to enter text.

Property 3: Full Address: Click or tap here to enter text.

Upon your death, to whom do you want your real property to transfer to? Click or tap here to enter text.

If that person predeceases you, to whom do you want your property to transfer to? Click or tap here to enter text.

Business Interests

**BUSINESS INTERESTS:**

Do you, or your spouse/significant other, own an interest in a business?  yes  no.

If so, please describe the ownership interest: Click or tap here to enter text.

Is there a Buy/Sell, Shareholder’s Agreement, or other document that controls how the ownership interest in the business is to be transferred?  yes  no.

Specific Bequests

Do you want to include any specific gifts to an individual, charity or church?  yes  no.

If so, please complete the following information below:

Name of person or organization to whom the gift is being made:Click or tap here to enter text.

Identify the bequest: Click or tap here to enter text.

Personalty and Residuary

Upon your death, to whom do you want your personal property (bank accounts, vehicles, furniture, jewelry) to transfer to?

Click or tap here to enter text..

If that person predeceases you, to whom do you want your personal property to transfer to? Click or tap here to enter text.

Please identify the person that you would want to be the Personal Representative of your estate: Click or tap here to enter text..

If that person were deceased, or otherwise unavailable to act as Personal Representative, who would you then want to act? Click or tap here to enter text..

Trustees and Guardians

If any of your beneficiaries are under the age of 18, please identify the person or persons that you would like to act as Trustee (s) for that minor child, and the age at which you would like the Trust to dissolve. If no beneficiaries are minors, leave blank.

Trustee (s): Click or tap here to enter text.

Age at which Trust dissolves: Click or tap here to enter text.

If you have minor children for whom you would like to name a Guardian (s) should you and your spouse be involved in a catastrophic event, please identify the person (s): Click or tap here to enter text..

Should that person (s) be unavailable to act as Guardian (s), please identify an alternate Guardian (s): Click or tap here to enter text..

Final Wishes

**BURIAL/CREMATION AND INTERMENT:**

Burial or Cremation Preference:

Burial Cremation No Preference Other:

Do you have cemetery plots? If so, at what cemetery are they located? Click or tap here to enter text..

Do you have specific arrangements or preferences that you would like included in your Will? If so, please delineate them here:

Click or tap here to enter text.

Disinherited Family Members

Do you have any family members that you are excluding from your Will? If so, please identify that person or persons, and their relationship to you: Click or tap here to enter text.

Additional Planning Concerns?

Do you have any additional planning concerns? If so, please describe: Click or tap here to enter text.

Information For Preparation of Powers of Attorney

Should you become incapacitated due to illness or injury:

Please designate the name, address and telephone number of the person to act as your agent:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Should that person be unavailable to act, please designate the name, address and telephone number of your alternate agent:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Information For Preparation Healthcare Powers of Attorney/Living Will

Should you become in a vegetative state, with no reasonable chance of recovery:

Please designate the name, address and telephone number of the person to act as your decision-maker for healthcare decisions:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Should that person be unavailable to act, please designate an alternate person:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Click or tap here to enter text.

Telephone: Click or tap here to enter text.

**LAST, BUT NOT LEAST:**

How did you hear about BusinessLegal, PC? Click or tap here to enter text.

If you would like me to call you to answer questions or concerns about completing this worksheet, what is a good day and time to call? Click or tap here to enter text.

Signature & Acknowledgment

I certify that the information provided is accurate and complete to the best of my knowledge.

Client Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.