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Will Information Sheet
(For Couples)

Date: _____

Husband: _____
(as it should appear in the documents)

Date of Birth: ____/____/____

SS#: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

(Fax) _____

E-Mail Address: _____

Age: ____

Current Health: _____

Wife: _____
(as it should appear in the documents)

Date of Birth: ____/____/____

SS#: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

(Fax) _____

E-Mail Address: _____

Age: ____

Current Health: _____

Mailing Address: _____

Municipality: _____ County: _____

<u>Children/Names:</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Child of H, W, Both</u>
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

I. WILL

	<u>Husband</u>	<u>Wife</u>
Do you have a Will? If so, please attach.	YES/NO	YES/NO
If married, have either of you or your Spouse had a prior marriage?	YES/NO	YES/NO
If previously married, did the marriage terminate as a result of death?	YES/NO	YES/NO
Do any of your children have health problems?	YES/NO	YES/NO
Do you have any adopted children?	YES/NO	YES/NO
Do you have any step-children?	YES/NO	YES/NO
Do you own your own home(s)?	YES/NO	YES/NO
In what state are you domiciled (vote, licensed to drive, pay resident income taxes)? _____		
Are you a US Citizen?	YES/NO	YES/NO

Please attach copies of all deeds (if available) and/or provide complete address, tax lot and block of each parcel of real estate you own (add separate sheet if necessary)

Address: _____ Block: _____ Lot: _____

Address: _____ Block: _____ Lot: _____

Do your Estate assets exceed \$675,000.00 in net value? YES/NO

Do your combined assets at present exceed \$5,000,000.00 in net value? YES/NO

Do you wish to leave anything to charity? **Husband:** YES/NO

If so, to whom and for what purpose and what amount:

Do you wish to leave anything to charity? **Wife:** YES/NO

If so, to whom and for what purpose and what amount:

Do you have any bequests of specific items or money amounts you wish to make?

Husband: _____

Wife: _____

Do you want to appoint a funeral agent to carry out your wishes with regard to your burial, i.e. cremation, burial services, so that your wishes will be respected? If so, indicate the name and address of the person you wish to appoint:

Husband: _____

Alternate: _____

Wife: _____

Alternate: _____

1. **EXECUTOR/TRIX**

This Executor/Trix is the individual who collects your assets, pays the bills, and distributes the remaining assets to your beneficiaries.

Husband: choice for Executor/Trix: *(Typically spouse)*

Name: _____ Relationship: _____

Address: _____
(mandatory)

Alternate or 2nd Choice: *(Typically adult child, other relative or friend)*

Name: _____ Relationship: _____

Address: _____
(mandatory)

Wife: choice for Executor/Trix: *(Typically spouse)*

Name: _____ Relationship: _____

Address: _____
(mandatory)

Alternate or 2nd Choice: (Typically adult child, other relative or friend)

Name: _____ Relationship: _____

Address: _____
(mandatory)

2. DISTRIBUTION OF YOUR ESTATE

Do you want your estate to be distributed upon your death to your spouse and, if your spouse is not living, equally to your children?

Husband: YES/NO **Wife:** YES/NO

If not, how you want your estate distributed:

Husband: _____

Wife: _____

If any of your children predeceased you, would you like his or her share of your estate to pass to his or her children or to your surviving children?

Husband: _____

Wife: _____

3. TRUST PROVISIONS FOR CHILDREN/GRNADCHILDREN

Do you want your children's/grandchildren's share of your estate to go into a trust?

Husband: YES/NO **Wife:** YES/NO

At what age would you want your children/grandchildren to receive the proceeds?

Age 21? YES/NO Age 25 YES/NO

OR

25% at age 22 or graduation from college; 25% at age 25; 25% at age 27; 25% at age 30 with interest paid annually to the children between age 22 and 30?

YES/NO

OR

Other: _____

Whom do you wish to serve as Trustee of your children's/grandchildren's trust (upon the second of you and your spouse to die)?

Husband:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

Wife:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

4. GUARDIANSHIP FOR MINOR CHILDREN (Under age 18)

If you have minor children, name of desired Guardian (this selection is not binding but is merely a demonstration of your intent):

Husband:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

Wife:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

5. FEDERAL TAX PLANNING PROVISIONS

If your combined estate exceeds \$5,000,000 at present, or will exceed \$5,000,000 upon the second death (of you & spouse) after including life insurance, pensions and retirement benefits, please list your assets and how they are owned on the attached worksheet.

Basic financial information is critical to estate planning. At least once every several years, or following any significant financial event or following changes in tax laws, you should analyze your assets to be sure your estate plan will accomplish your objectives, and take advantage of tax planning opportunities. One such device is to create a marital deduction trust, which preserves two (2) estates with assets totaling \$5,000,000 in each, which will pass to heirs free of federal estate taxation at the second spouse's death

If your combined estate exceeds \$5,000,000, whom would you wish to serve with your spouse as financial co-trustee of a marital deduction trust? (*Typically adult child, other relative or professional financial advisor*)

Husband:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

Wife:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

OTHER PROVISIONS

Are there any other provisions, which you want to make in your Will?

Husband: _____

Wife: _____

II. LIVING WILL

A Living Will allows you to state your desires concerning health care in advance. The Living Will also permits you to select another person to make your health care decisions if you are unable to do so and to authorize your admission into a care facility.

If you would like a Living Will, whom do you authorize to sign your medical treatment consent form, withdrawal of treatment consent form, or admission to care facility form? *(Typically spouse first, then adult child, other relative or friend)*

Husband:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

Wife:

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

Do you consider intravenous feeding to be a life support measure you wish to be discontinued? *(Typically, yes)*

Wife: YES/NO

Husband: YES/NO

Do you wish to be an organ donor upon your death?

Wife: YES/NO

Husband: YES/NO

Wife: If you are pregnant do you want your life continued until delivery of the baby?
YES/NO/N/A

III. POWER OF ATTORNEY

Do you wish to enter into a Power of Attorney authorizing another individual to sign documents and conduct financial transactions on your behalf?

Husband: YES/NO

Wife: YES/NO

Whom do you wish to act as your attorney-in-fact? (*Typically spouse first, then adult child, other relative or friend*)

Husband:

Name: _____ Relationship: _____

Address: _____
(mandatory)

Alternate's Name: _____ Relationship: _____

Address: _____
(mandatory)

Wife:

Name: _____ Relationship: _____

Address: _____
(mandatory)

Alternate's Name: _____ Relationship: _____

Address: _____
(mandatory)

Long-Term Planning:

1) Do you use a Financial Advisor? If yes, please provide their contact information:

Name: _____ Address: _____

Phone # _____ Fax # _____

2) Have you ever used the services of a Financial Planner? YES/NO

3) Would you like to discuss use of a life insurance trust as a means of estate tax planning? YES/NO

4) Have you considered long term care insurance? YES/NO

5) Do you wish to discuss options for planning for Medicaid assistance if nursing home care becomes needed? YES/NO

Questions, Comments or Topics you wish to discuss:

Husband's signature

Wife's signature

Prepared by:
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ASSETS AND HOW THEY ARE OWNED As of _____
 (Estimates only rounded to nearest \$1,000)

Asset Description	Husband	Wife	Joint Owned	Pension Assets	Total By Category
Marketable Securities	\$	\$	\$	\$	\$
Mutual Funds					
House					
Vacation Home					
Real Estate Investments					
IRA					
401(k)					
KEOGH					
Profit Sharing					
Pensions					
Closely Held Businesses					
Life Insurance Policies (Attach					
Beneficiaries)					
Beneficiary of any Trust?					
Expectation of any Significant Inheritance?					
Other Investments					
Totals	\$	\$	\$	\$	\$

* All values should be listed net of mortgages and loans. Explain loans, partners and other details by attaching schedules.