

William P. Askin, Esq.
NICHOLSON & ASKIN LLC
Attorneys at Law
Will Information Sheet
Single Person

Date: _____

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

Date of Birth: ____/____/____
SS#: _____

Mailing Address: _____

Municipality: _____ County: _____

Lot: _____ Block: _____

Telephone: (Home) _____ (Work) _____
(Cell) _____ (Fax) _____

E-mail: _____

<u>Children/Names:</u>	<u>Date of Birth</u>	<u>Current Age</u>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

I. WILL

Do you have a Will? If so, please attach. YES/NO

Have you had a prior marriage? YES/NO

If previously married, did the marriage terminate as a result of death? YES/NO

Do any of your children have health problems? YES/NO

Do you have any adopted children? YES/NO

Do you have any step-children? YES/NO

Do you own your own home(s)? YES/NO

In what state are you domiciled (vote, licensed to drive, pay resident income taxes)?

Are you a US Citizen? 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 assets at present exceed \$1,000,000.00 in net value? YES/NO

Do you wish to leave anything to charity? YES/NO

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

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

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:

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.

Choice for Executor/trix: *(Typically adult child, other relative or friend)*

Name: _____ Relationship: _____

Address: _____
(mandatory)

Alternate: (*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 equally to your children?

YES/NO

If not, how you want your estate distributed:

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?

3. TRUST PROVISIONS FOR CHILDREN / GRANDCHILDREN

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

YES/NO

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

Age 21? 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 / grandchildren between age 22 and 30?

YES/NO

OR

Other:

Does this provision apply to:

Your Children YES/NO

Your Grandchildren YES/NO

Whom do you wish to serve as Trustee of your children's / grandchildren's trust?

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

4. GUARDIANSHIP FOR MINOR CHILDREN

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

Name: _____ Relationship: _____

Address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

5. OTHER PROVISIONS

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

II. LIVING WILL

A Living Will allows you to state your desires concerning health care in advance. The Living Will also permit 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 adult child, other relative or friend*)

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*)

YES/NO

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

YES/NO

If you are a female and 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?

YES/NO

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

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

Signature

Prepared by:
Nicholson & Askin
Attorneys at Law
One Main Street, Suite 6
Sparta, New Jersey 07871

IV. 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.