

SIMPLE WILL INTAKE FORM
for
Poklemba & Hobbs, LLC

PLEASE READ.

In a Simple Will, except for specific bequests (see below), your entire estate will either go to your spouse, or to your children, if your spouse dies before you. If you are interested in this type of a Simple Will, then please complete this form and return it to Poklemba & Hobbs, LLC. If you are not interested in this arrangement, or if you want more information, then STOP and contact Poklemba & Hobbs, LLC., at (518) 581-9797 for a private and confidential conference.

Once your Last Will and Testament is completed to your satisfaction, and you are ready to sign your Will, we will schedule a meeting at your convenience at either our Malta offices located at Visionary Park, 2715 State Route 9, Suite 102, Malta, New York 12020 or at our Glens Falls offices located at 147 Ridge Street, Glens Falls, New York 12801.

You may fill out this Simple Will Intake Form at your convenience and fax, mail or email it to our attention, and we will begin the process of completing your Simple Will quickly and conveniently for you.

PLEASE ANSWER ALL QUESTIONS

1. Personal Information:

- a. Your Name _____
- b. Your Address _____
- c. Phone Numbers _____ [home] _____ [cell]
- d. Marital status: Married _____ Single _____
- e. Your email address: _____

2. Spouse's Information

- a. Full Name _____
- b. Address: [Same as above _____] or Other Address: _____

*** If you are not married, please list the names and address of the persons or charitable organizations that you want to receive your assets upon your death:

3. Marital Information:

a. Have you ever divorced? Yes _____ No _____

4. Your Dependents (list your Children):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

*** If your children are minors (under 18 years), then please state the name and address of the individual(s) you would like to recommend for guardianship [i.e.; to care for your children and their inheritance]: _____

**** If one of your children is a minor when you die, do you want that child's inheritance to go into a simple trust to prevent the minor child from spending the inheritance, until s/he is 18 years _____; 21 years _____; or 25 years _____

*** If one of your children or beneficiary (ies) dies before you, do you want his or her share of your estate to go to your other living children? [Yes ____; No ____]

– or –

Do you want your deceased child's share of your estate to go to his or her issue (i.e.; children/grandchildren of that deceased child) [Yes _____; No _____].

5. Specific Bequests: Do you want to make any specific bequests? (For example: my wedding ring to daughter or my gold watch to my nephew)? If so, then state:

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

6. Disinherit: Do you want to exclude any individuals from your will?

Yes_____ No_____. If yes, then state Full Name of Each Person(s) to be disinherited: _____

*** Do you want to disinherit an individual if he or she contests your Will?

Yes_____ No_____

7. Executor: Who do you want to be your Executor [the person that would administer your will?] In most cases, this will be your spouse. If Spouse check here_____. If some other person(s), then state the full name and address of person: _____

*** Please provide name and address of Alternate Executor to be appointed in case the person that you have named Executor is unable or unwilling to perform the duties:

8. Burial Requests: Do you have any special requests for your funeral or burial? Yes _____ No _____

Specific Cemetery: _____

Specific Directions for Your Funeral: _____

Cremation: Yes _____ No _____

9. Living Will/Durable Healthcare Proxy and Power of Attorney: Are you interested in a Power of Attorney, Living Will [Do Not Resuscitate Order] or Durable Healthcare Proxy [allows a person to make decisions concerning your healthcare if you cannot]? Yes _____ No _____

**** If yes, then please state the name, address and telephone number of the person you would like to name as your Power of Attorney (person who will make health decision on your behalf):

Please indicate name, address and telephone number of Alternate Person to Act:

10. Please mail your form to:

Poklemba & Hobbs, LLC

Attn: Gary C. Hobbs, Esq.

2715 State Route 9, Suite 102

Malta, New York 12020 – or – You may fax your form to our offices at (518) 581-9590. You may also email your completed form to phu@phulawyers.com.

When Your Last Will & Testament is ready, our office will contact you to schedule an appointment.