

WILL INTAKE SHEET

1. **Personal Information**

a. Your full name, address, telephone number and date of birth. _____

b. Spouse's full name, address, telephone number, and birth date. _____

c. Full names, ages and date of birth of children. _____

d. Whether you and spouse:

(1) Are United States citizens; _____

(2) Have filed a gift tax return; (If so, attach) _____

(3) Have any wills, trust agreements, premarital or postmarital agreements; (If so, attach) _____

(4) Have a safety deposit box. (If so, state location): _____

2. **Asset Analysis.**

(1) Real estate: (State location and estimated current market value and mortgage balance of:

(a) Personal residence: _____ Value: _____

(b) Second/Seasonal: _____ Value: _____

(c) Investment real estate: _____ Value: _____

(d) Oil and gas interests: _____ Value: _____

(e) Cooperatives, and condominiums: _____ Value: _____

(f) Vacant or unimproved land: _____ Value: _____

(g) Other land holdings: _____ Value: _____

(3) **Cash and Cash Equivalents:** (Current balance, location and account number):

(a) Checking accounts: _____ Value: _____

(b) Savings accounts: _____ Value: _____

(c) Additional savings accounts: _____ Value: _____

(d) Money markets: _____ Value: _____

(e) CD accounts: _____ Value: _____

(4) **Stocks, Bonds, Mutual Funds** (Name, location and current value):

(a) Stocks: _____ Value: _____

(b) Bonds: _____ Value: _____

(c) Tax-exempt securities: _____ Value: _____

(c) Mutual Funds: _____ Value: _____

(e) Others (specify): _____ Value: _____

(5) **Life Insurance** (Name and address of company, policy amount, account number):

(a) Your Life: _____
_____ Value: _____

Spouse's Life: _____
_____ Value: _____

(b) Who is the beneficiary; _____
Your Policy: _____

Spouse's Policy: _____

(c) What is the cash surrender value. _____

Your Policy: _____

Spouse's Policy: _____

(6) **Tax-sheltered Benefit Plans:** (Name and Address of Plan, and Value):

(a) Pension: _____

Yours: _____ Value: _____

Spouse: _____ Value: _____

(b) Other Retirement: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(c) Profit sharing: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(d) Thrift: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(e) ESOP: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(f) Keogh: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(g) IRA: _____

Your's: _____ Value: _____

Spouse's: _____ Value: _____

(7) **Business Assets:** (name, address and value)

(a) Stock in closed (not publicly traded) corporations: _____ Value: _____

(b) Partnership: _____ Value: _____

(c) LLC or LLP: _____ Value: _____

(d) Other Business Interests (specify): _____ Value: _____

(8) **Tangible Personal Property:** (Identify property, location and give value)

(a) Automobiles (make, model, year & value): _____

(b) Boats (make, model, year & value): _____

(c) Valuable collections (coins, stamps; etc): _____

(d) Copyrights or patents; _____

(e) Licenses or royalties. _____

(9) **Liabilities**(name, location & amount):

(a) Mortgages _____

(b) Car Loans: _____

(c) Notes Payable: _____

(d) Credit Cards (over \$2500) _____

(e) Other Debts: _____
