

*Watkins Law Firm, LLC*

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**WILL INTAKE QUESTIONNAIRE**

**A. GENERAL INFORMATION ABOUT YOU**

HUSBAND / WIFE

1. Full Name (Husband) \_\_\_\_\_

Also Known As: \_\_\_\_\_

Usual Signature \_\_\_\_\_

Full Name (Wife) \_\_\_\_\_

Also Known As: \_\_\_\_\_

Usual Signature \_\_\_\_\_

2. Home Address: Street Address \_\_\_\_\_

P. O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

3. Home Phone \_\_\_\_\_

4. Business Phone \_\_\_\_\_

5. Date of Birth (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

6. Social Security No.(Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

7. E-mail address (Husband) \_\_\_\_\_

E-mail address (Wife) \_\_\_\_\_

(If permissible for communicating with you)

**B. GENERAL INFORMATION ABOUT YOUR CHILDREN AND/OR GRANDCHILDREN (if you have either)**

Your children:

Full Name(s), Date of Birth, Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do any of your children have any special needs? If so, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Grandchildren:  
 Full Name(s), Date of Birth, Address

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. FINANCIAL INFORMATION** (Show Estimated Value Under Column in Whose Name Asset is Owned)

**ASSETS**

	Husband	Wife	Joint	Total
<b>Cash:</b>				
Checking	\$ _____	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____	\$ _____
Money Market	\$ _____	\$ _____	\$ _____	\$ _____
CD's	\$ _____	\$ _____	\$ _____	\$ _____
	Husband	Wife	Joint	Total

**Publicly Traded Securities:**

Stocks	\$ _____	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____

**Closely Held Businesses**  
 (Corps, Partnerships)  
 List the name & the percentage owned

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Real Estate:**

Personal Residence \$ \_\_\_\_\_

Other Real Estate (Describe):

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Retirement Plans**

IRA \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Benef. \_\_\_\_\_)  
 Profit Sharing \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Benef. \_\_\_\_\_)  
 Pension \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Benef. \_\_\_\_\_)

Husband      Wife      Joint      Total

**Miscellaneous Assets:**

Notes/Mortgages  
 Payable to You \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Cash Value of Life  
 Insurance \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Personal Property  
 (Cars, Jewelry,  
 Furniture, etc.) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Other (Describe)  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Husband      Wife      Joint      Total

**D. LIFE INSURANCE SUMMARY**

Provider, Type, Amount, Owner, Beneficiary, Value of Policy

1. Husband's Life Insurance

Provider: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_

2. Wife's Life Insurance

Provider: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value of Policy: \_\_\_\_\_

**E. BENEFICIARIES TO ESTATE**

1. Who are the primary beneficiaries of your estate (spouse, children, other family members, charities, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Would you like to leave any assets at your death to charity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please name charity or charities and amounts or percentages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If the other parent of your minor children (under age 19) does not survive you, who should be named as guardian of the minor children?

Initial Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Successor Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

4. At what age should a child receive an inheritance? \_\_\_\_\_

\_\_\_\_\_

5. Who should manage your estate (i.e., executor) after you are gone (family member, institution, other advisor)?

Initial Executor: \_\_\_\_\_

Address: \_\_\_\_\_

First Successor Executor: \_\_\_\_\_

Address: \_\_\_\_\_

6. Residue (The residue is the remainder of your estate that is not specifically bequeathed below to a certain beneficiary – normally to your spouse and then to children)

a. Primary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Secondary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Specific Devises/Bequests of Personal Property (Be specific in your description of what item is being gifted and to whom it is being gifted)

a. Spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Relatives \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Friends \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. Simultaneous Death Provision

If you and your spouse should die simultaneously, which of you should be considered to have passed first? This determines whose will is the last to be probated and thus ultimately controlling.

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**F. ADDITIONAL INFORMATION**

Please list below any information which would not fit on the preceding pages. Please reference the section to which the information relates.

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Please list below any additional information not requested which you feel is important.

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**G. DOCUMENTS TO BRING TO THE INITIAL CONFERENCE**

Present Wills