
LUXENBERG, JOHNSON & DICKENS PC

ATTORNEYS at LAW

WILL PREPARATION FORM

- N.B.– 1. Skip any questions that are not applicable.
2. Information provided will be kept confidential.
 3. Submission of the form does not create an attorney & client relationship; an engagement letter is required before you become a client.
 4. To maintain your privacy, return the completed form by mail or fax; email is not secure.

PERSONAL INFORMATION

Full Name _____ SSN _____

If ever known by any other names, please indicate _____

Residence _____

Telephone _____

Date and Place of Birth _____

Full Name of Spouse/Partner _____

Spouse/Partner's Date and Place of Birth _____

Spouse/Partner's SSN _____

CHILDREN

Names	Date/Place of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever signed a prenuptial or post-nuptial agreement? _____

If yes, please explain _____

Are you currently making payments of any kind pursuant to such an agreement? _____

If yes, please explain _____

Have your or your spouse/partner had prior wills? _____

Are they in existence now? _____ If no, please explain

EMPLOYMENT INFORMATION

EMPLOYER _____ OCCUPATION _____

EMPLOYER ADDRESS _____

SPOUSE/PARTNER EMPLOYER _____

SPOUSE/PARTNER EMPLOYER ADDRESS _____

INCOME

INCOME SOURCES

	YOU	SPOUSE/PARTNER
Salary	_____	_____
Bonuses	_____	_____
Dividends	_____	_____
Interest	_____	_____
Other	_____	_____
Total	_____	_____

FUTURE INCOME *(post retirement)*

Annuities	_____	_____
Investments	_____	_____
Social Security	_____	_____
Retirement	_____	_____
Trusts	_____	_____
Other	_____	_____
Total	_____	_____

REAL PROPERTY INFORMATION

Residence _____

Titled _____

Date of Purchase _____ Purchase Price _____

Improvements _____

Fair Market Value _____

Mortgage _____

Original _____

Current _____

OTHER PROPERTY

Titled _____

Date of Purchase _____ Purchase Price _____

Improvements _____

Fair Market Value _____

Mortgage _____

Original _____

Current _____

PERSONAL PROPERTY

CHECKING ACCOUNTS

Name	Institution	Account #	Balance
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_____	_____	_____	_____
_____	_____	_____	_____

SAVINGS ACCOUNTS

Name	Institution	Account #	Balance
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_____	_____	_____	_____
_____	_____	_____	_____

STOCKS OR BONDS

Location, amounts & owners including those in safekeeping

ANY OTHER SOURCES OF INCOME

SPECIAL OR UNIQUE ITEMS

Item

Intended Beneficiary

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Estimated Value of Your Estate: _____

PLAN

How do you desire to dispose of your property? _____

Estate to pay any debts/taxes? _____

Any directions concerning the funeral? _____

Have you prepaid funeral arrangements? _____ Made an anatomical gift? _____

Do you wish to make a living will/advanced medical directive? _____

Do you wish to establish power of attorney for any person on your behalf? _____

Please provide name and SSN _____

Do you wish to establish medical power of attorney for any person on your behalf? _____

Please provide name and SSN _____

Do you wish to establish a trust for any beneficiary? _____

Please name the beneficiary _____

Age for distribution of property _____

BENEFICIARIES

Primary (Name and address)

Alternate *(Name and address)*

Trustee(s) *(Name and address)*

Primary

Alternate

Personal Representative(s) *(Name and address)*

Primary

Alternate

Guardian for Children *(Name and address)*

Primary

Alternate

Is there any reason why this plan omits a close relative who might otherwise be expected to receive some benefit through your will?

Any further information that you believe is necessary for your will

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