

**INFORMATION FOR WILLS**

Your appointment is scheduled on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. at our Akron/Batavia/  
Clarence/West Seneca/Wheatfield/Rochester office with Robert Friedman/ Michael H. Ranzenhofer.

1. Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, County, State & Zip Code: \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Cell Phone/Pager No. \_\_\_\_\_ Email: \_\_\_\_\_  
DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_  
Spouse's Occupation/Employer: \_\_\_\_\_  
Spouse's DOB: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Referred By: \_\_\_\_\_
2. All relatives who would share in your property if you had no Will (e.g. children, parents or siblings):  

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
3. Any prior marriages for you or your spouse? \_\_\_\_\_
4. Names of step-children: \_\_\_\_\_
5. Do you have a safe deposit box? \_\_\_\_\_ If so, where? \_\_\_\_\_
6. Do you have a:      Living Will? \_\_\_\_\_ Health Care Proxy? \_\_\_\_\_  
                                 Power of Attorney? \_\_\_\_\_ Living Trust? \_\_\_\_\_
7. Which of the above items would you like us to prepare? \_\_\_\_\_
8. Date and location of old Will: \_\_\_\_\_

**TURN OVER**

9. Who do you want to act as Guardian or Trustee of your children?

Name/Address/Relationship: \_\_\_\_\_

10. Who do you want to act as Executor and Alternate Executor?

Name/Address/Relationship: \_\_\_\_\_

11. List all life insurance policies:

<u>Company</u>	<u>Type</u>	<u>Face Value/Cash Value</u>	<u>Beneficiary</u> <u>1<sup>st</sup> and 2<sup>nd</sup></u>

12. List bank accounts, CDs and money market funds (individual and joint):

<u>Bank/Institution</u>	<u>Type of Account</u>	<u>Approx. Bal.</u>	<u>Name of Owners</u>

13. List all real estate (individual and joint):

<u>Brief Description</u>	<u>Value</u>	<u>Mortgage Balance</u>	<u>Name of Owners</u>

14. List all retirement plans, IRAs, 401-Ks, etc.: \_\_\_\_\_

\_\_\_\_\_

15. Stocks, bonds, mutual funds and annuities (individual and joint):

<u>No. of Shares</u>	<u>Class</u>	<u>Company</u>	<u>Value</u>	<u>Name of Owners</u>

16. List any other property you own or in which you have an interest, including business interests, notes or mortgages owed to you, autos, boats, valuable jewelry, art work, etc.

\_\_\_\_\_

17. Do you reasonably expect to inherit any property or receive any substantial gifts or powers of appointment? \_\_\_\_\_. If so, explain briefly: \_\_\_\_\_

18. Would you like us to hold your original will in safekeeping? \_\_\_\_\_

19. Who do you want to leave your estate to? \_\_\_\_\_

\_\_\_\_\_

20. Are you or any of your beneficiaries disabled? \_\_\_\_\_