

**WILL PREPARATION AND POWER OF ATTORNEY INTAKE**

DATE: \_\_\_\_\_

Power of Attorney:  Yes  No

Power of Attorney for Health Care Decisions:  Yes  No

Living Will and Medical Power of Attorney:  Yes  No

Last Will and Testament:  Yes  No

**CLIENT INFORMATION**

\_\_\_\_\_  
First MI Last

\_\_\_\_\_  
Date of Birth Social Security #

\_\_\_\_\_  
Street Address Suite/Apt. City State Zip

\_\_\_\_\_  
Phone Cell Phone

\_\_\_\_\_  
Email

**SPOUSE INFORMATION**

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First MI Last

\_\_\_\_\_  
Date of Birth Social Security #

\_\_\_\_\_  
Street Address Suite/Apt. City State Zip

\_\_\_\_\_  
Phone Cell Phone

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Email

Bequest to Spouse:  Yes  No

**EXECUTOR (1<sup>st</sup> Choice or Co-Executor)**

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| First | MI | Last |  |  |
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| Date of Birth | Social Security # |  |  |  |
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| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |  |  |  |
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Email

**EXECUTOR (2<sup>nd</sup> Choice or Co-Executor)**

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| Date of Birth | Social Security # |  |  |  |
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| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |  |  |  |
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Email

**BENEFICIARY #1**

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| First | MI | Last |  |  |
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| Date of Birth | Social Security # |  |  |  |
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|----------------|------------|------|-------|-----|
| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |  |  |  |
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Email

**BENEFICIARY #2**

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| First | MI | Last |
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| Date of Birth | Social Security # |
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|                |            |      |       |     |
|----------------|------------|------|-------|-----|
| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |
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Email

**BENEFICIARY #3**

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| First | MI | Last |
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| Date of Birth | Social Security # |
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|----------------|------------|------|-------|-----|
| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |
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Email

**BENEFICIARY #4**

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| First | MI | Last |
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| Date of Birth | Social Security # |
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| Street Address | Suite/Apt. | City | State | Zip |
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| Phone | Cell Phone |
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Email

**POWER OF ATTORNEY - AGENT**

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First MI Last

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Date of Birth Social Security #

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Street Address Suite/Apt. City State Zip

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Phone Cell Phone

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Email

**POWER OF ATTORNEY - SUCCESSOR**

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First MI Last

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Date of Birth Social Security #

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Street Address Suite/Apt. City State Zip

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Phone Cell Phone

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Email

**ADDITIONAL INFORMATION:**

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