

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Will Packet

Date: _____

Please complete this questionnaire. All information will be held in strict confidence.

1. Please provide the following information.

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Mobile Phone: _____

Fax: _____

Email Address: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number: _____

2. Please provide the following information about your spouse.

NAME: _____

SEX: _____

BIRTH DATE: _____

SOCIAL SECURITY NUMBER: _____

3. Please give the name(s) of all children, natural and adopted.

A. NAME: _____
SEX: _____
BIRTH DATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTH DATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTH DATE: _____
SOCIAL SECURITY NUMBER: _____

LAST WILL AND TESTAMENT

1. Please list the names and relationship of the people you want to divide your estate between, and the interest you wish each person to take.

A. Name: _____
B. Name: _____
C. Name: _____
D. Name: _____

2. *Answer only if you have more than one child*

Should one of your children die before you (or before their share of the trust fund is distributed) which of the following ways would you like the deceased child's share distributed:

- Equally among your surviving children; or
- Equally among your surviving grandchildren born to the deceased child.

3. Please list any specific bequest(s) you would like to make below. State the asset, it's location and the name of the beneficiary:

1. _____
2. _____
3. _____

4. Contingent Trust

Please state how your estate (or trust) is to be distributed to your beneficiaries (ex #1: 1/3 at age 18, 1/3 at age 21 and 1/3 at age 25; Ex #2: 100% after beneficiary graduates from college or reach the age of 35 whichever shall occur first/second):

5. Please list the full name, address, and telephone number of three (3) people you would like to act as the Trustee of the Trust(s) created in #4. (These people should be capable of making financial decisions):

- A. Name: _____
Address: _____
Telephone: _____

- B. Name: _____
Address: _____
Telephone: _____

- C. Name: _____
Address: _____
Telephone: _____

6. Please list the full name, address, and telephone number of three (3) people you would like to act as the Executor of your estate.

- A. Name: _____
Address: _____
Telephone: _____

- B. Name: _____
Address: _____
Telephone: _____

- C. Name: _____
Address: _____
Telephone: _____

7. Please list the full name, address, and telephone number of three (3) people you would like to be the guardian for your minor child(ren) in the event that their other parent predeceases you:

A. Name: _____

Address: _____

Telephone: _____

B. Name: _____

Address: _____

Telephone: _____

C. Name: _____

Address: _____

Telephone: _____

8. Would you like to include a “No Contest Clause” ? _____

Durable Power of Attorney

Please list the full name, address, and telephone number of three (3) people, or financial institutions, you would like to make financial decisions for you in the event you become incapacitated.

A. Name: _____

Address: _____

Telephone: _____

B. Name: _____

Address: _____

Telephone: _____

C. Name: _____

Address: _____

Telephone: _____

Medical Power of Attorney

Please list the full name, address, and telephone number of three (3) people you would like to have the power to make medical decisions on your behalf should you become incapable of making them for yourself:

A. Name: _____

Address: _____

Telephone: _____

B. Name: _____
Address: _____
Telephone: _____

C. Name: _____
Address: _____
Telephone: _____

Directive to Physicians and Family or Surrogates

1. After the judgment of a physician, if you were suffering from a terminal condition from which you were expected to die within six months, which of the following treatments would you prefer?

- Life sustaining treatment; or
- No treatments other than those needed to keep you comfortable.

Declaration of Guardianship

Please list the full name, address, and telephone number of three (3) people you would like to serve as your Guardian in the event you become incapacitated:

A. Name: _____
Address: _____
Telephone: _____

B. Name: _____
Address: _____
Telephone: _____

C. Name: _____
Address: _____
Telephone: _____

Referral:

Who referred you to this office? _____