



SIMPLE WILL INTAKE FORM

PLEASE READ.

In a Simple Will, except for specific bequests (see below), your entire estate will either go to your spouse, or to your children, if your spouse dies before you. If you are interested in this type of a Simple Will, then please complete this form and return it to K/S Attorneys at Law.

You may fill out this Simple Will Intake Form and send your completed form to our firm by pressing the “Submit Form” link below. Otherwise, you can download a copy of this form, complete at your convenience, and submit the completed form to our firm either by facsimile to 561-750-5083, or by email to: spencer@ks-law.com.

Upon submission of your completed form either by submission by selecting the “Submit Form” link below, or by facsimile or email as indicated above if downloaded, the Intake Form a staff member of our firm will contact you to schedule your free consultation to discuss our engagement for the preparation of your Last Will and Testament and any other ancillary estate planning instruments based upon your subjective requirements.

PLEASE ANSWER ALL QUESTIONS

1. Personal Information:

- a. Your Name _____
- b. Your Address _____
- c. Phone Numbers _____ [home] _____ [cell]
- d. Marital status: Married _____ Single _____
- e. Your email address: _____

2. Spouse’s Information

- a. Full Name _____
- b. Address: [Same as above _____] or Other Address: _____

*** If you are not married, please list the names and address of the persons or charitable organizations that you want to receive your assets upon your death:

3. Marital Information:

a. Have you ever divorced? Yes_____ No_____

4. Your Dependents (list your Children):

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

*** If your children are minors (under 18 years), then please state the name and address of the individual(s) you would like to recommend for guardianship [i.e.; to care for your children and their inheritance]:_____

**** If one of your children is a minor when you die, do you want that child's inheritance to go into a simple trust to prevent the minor child from spending the inheritance, until s/he is 18 years_____; 21 years_____; or 25 years_____

*** If one of your children or beneficiary (ies) dies before you, do you want his or her share of your estate to go to your other living children? [Yes____; No____]

– or –

Do you want your deceased child's share of your estate to go to his or her issue (i.e.; children/grandchildren of that deceased child) [Yes____; No____].

5. Specific Bequests: Do you want to make any specific bequests? (For example: my wedding ring to daughter or my gold watch to my nephew)? If so, then state:

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

Item & Full Name of Person: _____

6. Disinherit: Do you want to exclude any individuals from your will?

Yes _____ No _____. If yes, then state Full Name of Each Person(s) to be disinherited: _____

*** Do you want to disinherit an individual if he or she contests your Will?

Yes _____ No _____

7. Executor: Who do you want to be your Executor [the person that would administer your will?] In most cases, this will be your spouse. If Spouse check here _____. If some other person(s), then state the full name and address of person: _____

*** Please provide name and address of Alternate Executor to be appointed in case the person that you have named Executor is unable or unwilling to perform the duties:

8. Burial Requests: Do you have any special requests for your funeral or burial? Yes _____ No _____

Specific Cemetery: _____

Specific Directions for Your Funeral: _____

Cremation: Yes _____ No _____

9. Living Will/Durable Healthcare Proxy and Power of Attorney: Are you interested in a Power of Attorney, Living Will [Do Not Resuscitate Order] or Durable Healthcare Proxy [allows a person to make decisions concerning your healthcare if you cannot]? Yes _____ No _____

**** If yes, then please state the name, address and telephone number of the person you would like to name as your Power of Attorney (person who will make health decision on your behalf):

Please indicate name, address and telephone number of Alternate Person to Act:

Once we receive your submitted form, our office will contact you to schedule a free consultation to discuss your estate planning needs and to formalize an engagement, at your option, to prepare your estate planning instruments.

Please note that preparation of the Last Will and Testament requires an official engagement of our firm's services. The submission of this form in itself does not constitute an engagement of legal services with our firm.

Notwithstanding, the information provided on the form is however kept confidential and privileged whether or not you retain our firm for services.