

Wolfe Law Offices, PLLC

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Will Intake Sheet: Married With Only Adult Children

1. Date: _____
2. Why did you choose to consult with our law firm?
 Referred By Another Client: _____
 Referred by Other Individual: _____
 Other (please describe): _____

I. PERSONAL INFORMATION

(PLEASE PRINT ALL NAMES AS YOU WISH THEM TO APPEAR IN YOUR WILL DOCUMENTS)

3. Name: _____
First Middle Last
4. Date of Birth: _____
5. I am the: Husband Wife
6. Is this your first marriage? Yes No
7. Spouse's Name: _____
First Middle Last
8. Address: _____

9. Telephone Numbers: Home _____ Cell _____
Email address: _____
10. Are you a U.S. Citizen? Yes No
11. Have you ever made gifts to anyone in excess of \$15,000 in any year? Yes No
12. After your consultation, you should receive your drafts in approximately 10-14 business days, depending on our workload. Do you need these documents any sooner than the time frame described?
 Yes No; If Yes, please discuss this situation with your attorney.
13. Do you need to discuss Long Term Care Issues?
 Yes No; If Yes, please discuss this situation with your attorney.

II. CHILDREN'S INFORMATION

14.

(Check one)

Name (First, Middle & Last, if different from yours)	Age	Of This Marriage	Of Previous Marriage	Stepchild

15. If you have stepchildren, do you want them to be included in your Will just as if they were your natural children? Yes No Not applicable

III. DISPOSITION OF PROPERTY

In the Will to be drafted for you, your entire estate will pass to your spouse. If your spouse dies before you (or at the same time as you), your estate will pass to your children in equal shares. If any of your children die before you (or at the same time as you), that share will pass to the deceased child's children, if any.

16. Do you have any property or money that you would like to pass differently than discussed above?
 yes no

If YES, complete the chart below. If NO, proceed to Question #17.

Name of Individual or Charity	Describe Property/Money Being Passed

17. The Will names your spouse as the Executor of your estate. Please provide an alternate in the event your spouse is unable to act as your Executor:

Name: _____

City, State of Residence: _____

IV. ADDITIONAL DOCUMENTS

18. In addition to the Will, our office will draft a Living Will, a Durable Post-Incompetency Power of Attorney, and a Health Care Power of Attorney. Your spouse will be named to act as your attorney-in-fact in these documents. Please provide the name, address and phone number of an alternate in the event your spouse is unable to act on your behalf:

Name: _____

Address: _____

Phone: _____

V. ATTORNEY FEES

19. STANDARD FEE: Our firm charges **\$500.00 per person** for the services described herein. This price includes the initial consultation, the drafting and editing, if necessary, of all four estate planning documents, and their execution. *Please note, however, that should you need a more complex will which falls outside the parameters of this intake sheet, there will be an additional fee.* Please discuss your estate planning needs with your attorney during the consultation, and you will be informed of any additional fee, if applicable, at that time. Payment may be made at the time the final documents are signed.

VI. VALUE OF ESTATE

Our combined assets, less all debts, would amount to

more than \$23,160,000.

less than \$23,160,000.

(Include the face value of all life insurance).

OTHER INFORMATION

Please share any additional information that you wish your attorney to know regarding these documents.

This button will open your email application to send this completed form to our office. If your computer does not support this function, please save the file and email the completed form to beth.wolfe@wolfelawnc.com