

II. CHILDREN'S INFORMATION

13.

(Check one)

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

14. 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

15. In the Will, your spouse will be named as the guardian of your children upon your death. If your spouse died before you (or at the same time as you), who would you want to act as the guardian(s) of your minor children?

Name: _____

City, State of Residence: _____

16. Do you also wish for this person (or persons) to act as the custodian of your minor children's property in the event of your and your spouse's death. Yes No; If No, please indicate who you would like to act as the custodian:

Name: _____

City, State of Residence: _____

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.

17. 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 #18.

Name of Individual or Charity	Describe Property/Money Being Passed

18. If you, your spouse and your minor children die simultaneously, the Will passes your estate according to the North Carolina laws of intestacy. Specifically, your property will pass to your parents if one or both are still living. If neither of your parents are still living, your attorney can explain in more detail to whom your property will pass in this situation. If this situation were to arise, would you want your property to pass differently than discussed here? Yes No
If Yes, please describe:

19. The Will names your spouse as the Executor of your estate. If your spouse could not be the executor of your estate for any reason, including death, who would you want to act as the Executor?
20. Name:
21. City, State of Residence:

IV. ADDITIONAL DOCUMENTS

20. 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 person in the event your spouse cannot act on your behalf:
- Name:
- Address:
- Phone:

V. ATTORNEY FEES

21. 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 *less* than \$23,160,000.
(Include the face value of all life insurance).

Our combined assets, less all debts, would amount to *more* than \$23,160,000.
(Include the face value of all life insurance).

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