

# Wolfe Law Offices, PLLC

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## Will Intake Sheet: Single With Any Minor Children

1. Date of Consultation:
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:
4. Date of Birth:
5. Address:
6. Telephone Numbers: Home \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Email Address: \_\_\_\_\_
7. Are you a U.S. Citizen?                      Yes                      No
8. Have you ever made gifts to anyone in excess of \$15,000 in any year?      Yes              No
9. 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.
- 9a. Do you need to discuss Long Term Care Issues?  
            Yes                      No; If Yes, please discuss this situation with your attorney

## II. CHILDREN'S INFORMATION

10.

Name (First, Middle & Last, if different from yours)	Age

#350 Rev. 01/01/13

11. If any of the children named above are your stepchildren, do you want them to be included in your Will just as if they were your natural children?                      Yes            No            Not applicable

12. Who do you want to act as the guardian of your minor children upon your death? Please also provide an alternate in the event this person cannot so act.

Name:

City, State of Residence:

(Alternate) Name:

City, State of Residence:

13. Do you also wish for the first person (or persons) named to act as the custodian of your minor children's property?

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 child or 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. If the deceased child has no children, that share will pass to the other surviving children.

14. 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 #15.

Name of Individual or Charity	Describe Property/Money Being Passed

15. If all your children die leaving no children of their own, to whom do you want your estate to pass? (If you name no one, your estate will pass according to the North Carolina laws of intestacy. Your attorney can explain this to you in more detail during your consultation.)

According to the laws of intestacy; or to

Name:

City, State of Residence:

16. Who do you want to be the Executor of your estate? Please also provide an alternate in the event the person named cannot so act.

Name:

City, State of Residence:

(Alternate) Name:

City, State of Residence:

#### IV. ADDITIONAL DOCUMENTS

17. 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. Please provide the name, address and phone number of the person you wish to act as your attorney-in-fact in these documents. If for any reason this person could not so act, please provide the name, address and phone number of an alternate.

Name:

Address:

Phone:

(Alternate) Name:

Address:

Phone:

#### V. ATTORNEY FEES

18. 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

My assets, less all debts, would amount to *less* than \$11,580,000. (Include the face value of all life insurance).

My assets, less all debts, would amount to *more* than \$11,580,000. (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](mailto:beth.wolfe@wolfelawnc.com)