

II. DISPOSITION OF PROPERTY

10. To whom do you want your property to pass upon your death? (If you want more than one person to share in your estate, please state each individual's name and the city & state of residence. It will be assumed that you want these individuals to have equal shares unless you indicate otherwise). You may attach information for additional individuals if necessary.

(1) Name:
City, State of Residence:

(2) Name:
City, State of Residence:

If you named **only one person** in Question #10, GO TO QUESTION #11. If you named **more than one person** in Question #10, skip Question #11 and GO TO QUESTION #12.

11. Please provide an alternate to receive your estate in the event that the person you named in Question #10 dies before you. (If you name no one, your estate will pass according to the North Carolina law of intestacy. Your attorney can explain this to you in more detail during your consultation.)

Pass according to NC law of intestacy; OR

Name:

City, State of Residence:

12. If any of the people you named in Question #10 died before you, to whom would you want that person's share to go to? (Check one)
to the other person(s) named in Question #10; OR
to the deceased person's children

12. Your entire estate will pass to the individual(s) named in Question #10. Do you want to give any specific items of property or specific amounts of money to other named individuals or charities?
Yes No

If YES, complete the chart below; if NO, go to Question #14.

Name of Individual or Charity	Describe Property/Money Being Passed

14. Who do you want to be the Executor of your estate? Please provide an alternate in the event the person you named could not act as your Executor.

Name:

City, State of Residence:

(Alternate) Name:

City, State of Residence:

III. ADDITIONAL DOCUMENTS

15. 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:

IV. ATTORNEY FEES

16. 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.

V. 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