

WELLER LAW, LLC

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WILL/TRUST COMPREHENSIVE INTAKE FORM

Weller Law, LLC strongly encourages everyone to execute wills. The principal reason for making a will is to decide who will receive your property upon your death. If you die without a will, the state of your domicile distributes your property according to its own law.

It is important for people with children to have a will in order to designate a guardian. If both parents die and no guardian is named, the court may appoint a guardian whom the parents would not have desired. Please bear in mind that selection of guardian may not be binding upon the court.

Prior to completing this worksheet, you should have a plan for distribution of your property. Typically, married couples leave all the property to the surviving spouse. Should both spouses die together, the property will normally be divided equally among the children. If the child/ren is/are minors, the executor, the person taking care of the estate, exercises considerable judgment regarding the time and manner of distributing the child/ren's property to them, or the guardian.

Some court proceedings may be necessary in order to transfer the property of the deceased and the settle any debts. However, possessing a will can minimize court-related expenses.

Information provided on this worksheet is confidential.

YOUR NAME (TESTATOR): _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____

STATE: _____ **ZIP CODE:** _____

DATE OF BIRTH: _____

Do you wish to leave everything to your spouse? _____

EXECUTOR TO BE NAMED IN WILL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT _____

ALTERNATE EXECUTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

TRUSTEE/GUARDIAN TO BE NAMED IN WILL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT _____

ALTERNATE TRUSTEE/GUARDIAN TO BE NAMED IN WILL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO DECEDENT: _____

BENEFICIARIES OR HEIRS AT LAW:

TESTATOR'S PARENTS:

FATHER: _____ IF LIVING

IF LIVING:

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

MOTHER: _____ || LIVING

IF LIVING:

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

TESTATOR'S SIBLINGS:

SIBLING # 1: _____ || LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

SIBLING # 2: _____ LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

SIBLING # 3: _____ || LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

TESTATOR'S CHILDREN:

CHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

CHILD # 2: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

CHILD # 3: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

At what age or ages do you wish your children to be deemed the age of majority and have money distributed to them? _____

Do you wish to leave your estate to your children “per stirpes” or “per capita”? “Per stirpes” is the most common distribution, which means if any of your children die before you, their children (your grandchildren) will divide the share the deceased child would receive. A “per capita” distribution means that all of your surviving children will share equally, but if any of your children die before you, the deceased child’s share is divided among the surviving children, and the grandchildren of the deceased child will receive nothing.

- _____ Per stirpes distribution
- _____ Per capita distribution
- _____ Inapplicable

TESTATOR’S GRANDCHILDREN:

GRANDCHILD # 1: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

GRANDCHILD # 2:

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

GRANDCHILD # 3: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

GRANDCHILD #4: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

GRANDCHILD # 5: _____

DATE OF BIRTH, IF MINOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

GIFT(S): _____

OTHER BENEFICIARIES: (typically named in will)

NAME #1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

GIFT(S): _____

NAME #2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

GIFT(S): _____

NAME #3: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____

RELATIONSHIP TO THE DECEDENT: _____

DATE OF BIRTH, IF MINOR: _____

GIFT(S): _____

ASSETS:

SAFE DEPOSIT BOX: **YES:** **NO:**

LOCATION: _____

REAL ESTATE:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **DOD VALUE:** _____

HOW TITLED: _____

HOMESTEAD: **YES:** **NO:**

OTHER REAL ESTATE:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **DOD VALUE:** _____

HOW TITLED: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **DOD VALUE:** _____

HOW TITLED: _____

STOCKS AND BONDS:

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

DATE OF DEATH VALUE: _____

BANK ACCOUNTS:

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

DATE OF DEATH VALUE: _____

U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES: NO:

IF YES, NAME OF TRANSFEREE: _____

DATE OF DEATH VALUE: _____

INSURANCE ON TESTATOR'S LIFE:

COMPANY NAME: _____ Policy #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ Policy #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

COMPANY NAME: _____ Policy #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

ANNUITIES:

COMPANY NAME: _____ Policy #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

DATE OF DEATH VALUE: _____

VEHICLES:

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

DATE OF DEATH VALUE: _____

MISCELLANEOUS PERSONAL PROPERTY:

If you left everything to either your spouse and/or your children and they die before you, and you have no children, whom do you want to inherit your estate in their place?

Full Name	City/State	Relationship	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have no spouse or children, or you have disinherited them, whom do you wish to inherit your estate?

Full Name	City/State	Relationship	Share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any specific bequests of personal property such as, a coin collection, family heirloom, etc.?

Full Name	City/State	Property
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Important points regarding the distribution of property

NOTE 1: The following titled properties will probably pass to the surviving spouse regardless of any disposition made in the will:

- Property titled jointly with the right of survivorship (bank accounts)
- Tenants by the entirety (your house)
- Property in both spouses' name

NOTE 2: Insurance policies are paid to the beneficiary according to the terms of the policy. The proceeds are not controlled by provisions in the will unless no specific beneficiaries are named on the policy or unless the proceeds are to be paid directly to your estate.

NOTE 3: Be especially cautious of making specific bequests. In particular, cash bequests must be paid before any specific and/or general bequests. Therefore, bequests of cash may require selling other property in the estate to provide funds for the bequest. Additionally, bequests of personal property often cause confusion. For example, the property could be worn out or sold by the testator before he dies. Furthermore, bequests of items such as, "my car", may cause confusion if the testator owns two cars at the time of death.

DOCUMENTS NEEDED BY THIS OFFICE:

_____ REAL ESTATE DEEDS

_____ Other