

Good Faith Legal

Full name: _____

Date of birth: _____ Birthplace (City, ST): _____

Cell phone: _____ Email address: _____

Home phone: _____

Home address: _____
Street City ST ZIP

Spouse's full name: _____

Date of birth: _____ Birthplace (City, ST): _____

Cell phone: _____ Email address: _____

Date of marriage: _____

Place of marriage: _____
City County ST

CHILDREN *(with current spouse)*

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR MARRIAGES

Former spouse of: _____ Former spouse's name: _____

Date of marriage: _____

Place of marriage: _____
 City County ST

Terminated by: Death Divorce Annulment

Date of termination: _____ Place of termination: _____
 County ST

Do you have children with this former spouse? No Yes (please indicate):

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Former spouse of: _____ Former spouse's name: _____

Date of marriage: _____

Place of marriage: _____
 City County ST

Terminated by: Death Divorce Annulment

Date of termination: _____ Place of termination: _____
 County ST

Do you have children with this former spouse? No Yes (please indicate):

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Full name	DOB	Birthplace (City, ST)
Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child married? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have children? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER DEPENDENTS

Do you have any other dependents (besides your minor children), who rely upon you or your spouse for support now or who may depend on you or your spouse for support in the future? No Yes (please indicate):

Full name	DOB	Nature of Relationship
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Full name	DOB	Nature of Relationship
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SIBLINGS

Please list all siblings, whether full, half, adopted, or pseudo:

Sibling of: _____ Sibling full name: _____

DOB: _____ Birthplace (City, ST): _____

Married? Yes No Deceased? Yes No
 Children? Yes No Estranged? Yes No

Sibling of: _____ Sibling full name: _____

DOB: _____ Birthplace (City, ST): _____

Married? Yes No Deceased? Yes No
 Children? Yes No Estranged? Yes No

Sibling of: _____ Sibling full name: _____

DOB: _____ Birthplace (City, ST): _____

Married? Yes No Deceased? Yes No
 Children? Yes No Estranged? Yes No

Sibling of: _____

Sibling full name: _____

DOB: _____

Birthplace (City, ST): _____

Married? Yes No

Deceased? Yes No

Children? Yes No

Estranged? Yes No

Sibling of: _____

Sibling full name: _____

DOB: _____

Birthplace (City, ST): _____

Married? Yes No

Deceased? Yes No

Children? Yes No

Estranged? Yes No

Sibling of: _____

Sibling full name: _____

DOB: _____

Birthplace (City, ST): _____

Married? Yes No

Deceased? Yes No

Children? Yes No

Estranged? Yes No

Are there any relationships with former spouses, children or siblings (or with their spouses or children) that could lead to family contention after your passing? Please explain: _____

FIDUCIARIES

Personal Representative. Your Personal Representative (PR) is the person who administers your estate according to the provisions of your will. This should be someone who is organized, assertive, and dependable, and who is likely to outlive you.

Your PR full name (including preferred nickname, if any) City, ST of current residence

Alternate PR full name (including preferred nickname, if any) City, ST of current residence

Spouse's PR full name (including preferred nickname, if any) City, ST of current residence

Alternate PR full name (including preferred nickname, if any) City, ST of current residence

Guardian of Minor Children. The guardian you nominate is the person who will raise your children if you are not survived by their other parent. This should be someone who shares your values and can help your children maintain important family and social relationships.

Guardian full name (including preferred nickname, if any)

City, ST of current residence

Alternate Guardian full name (including preferred nickname, if any)

City, ST of current residence

Attorney-in-Fact. “Attorney-in-fact” is the title of the person to whom you grant a power of attorney over your financial and general affairs. This authority terminates at your death; it is triggered in the event of incompetence or incapacity to allow someone you trust to assist you with day-to-day matters such as managing your bills, real property, and personal assets. Your attorney-in-fact should be someone dependable with good judgment. However, keep in mind that the power of attorney you grant can be very specifically customized with regard to all powers and duties authorized or restricted.

	Attorney-in-Fact	First Alternate	Second Alternate
Full Name (incl. preferred nickname, if any)			
Home Address			
Phone Number			
Email Address			

Same for spouse

Adjustments for spouse: _____

Healthcare Agent. Your healthcare agent is the person authorized to make healthcare decisions for you when you are unable to do so as a result of injury or illness. Your healthcare agent will be guided by preferences that you put in writing. This can be a difficult job, and is not always best left to your spouse or a child. See our brochure, *Choosing a Healthcare Agent*, for guidelines about selecting the right person for this important responsibility.

	Healthcare Agent	First Alternate	Second Alternate
Full Name (incl. preferred nickname, if any)			
Home Address			
Phone Number			
Email Address			

Same for spouse

Adjustments for spouse: _____

PROVISIONS & PREFERENCES

Prior to our initial meeting, please give some thought to the following:

- General idea for the distribution of your estate (who gets what)
- Special concerns regarding pets, special needs of beneficiaries, intentional disinheritances, etc.
- Burial and memorial preferences
- Residential care preferences in the event of disability or incapacity
- Visitation preferences during illness or incapacity (e.g., music you like, readings you hate, personal items you would like to have with you, visitors you may want to specifically invite or exclude, etc.)

PRIOR WILLS

Have you previously signed any will(s) or codicils, handwritten or otherwise? No Yes (please indicate):

Your / spouse's name on the previous will or codicil: _____

Date signed (if unknown, just list the year, even if approximate): _____

Place signed (City, ST or if unknown, the name of the law firm): _____

Your / spouse's name on the previous will or codicil: _____

Date signed (if unknown, just list the year, even if approximate): _____

Place signed (City, ST or if unknown, the name of the law firm): _____

I have more than two (2) prior wills or codicils (please describe on the back side of this page)

SUMMARY OF ESTATE

Bank Accounts. Please complete to the best of your ability, and include the name(s) of each pay-on-death (POD) beneficiary for each account, or mark “none” or “unknown” as applicable:

Financial Institution	Acct. No. (last four)	Account Type	Approximate Balance	POD Beneficiary(ies)

Life Insurance, Annuities, Retirement Benefits, and IRAs. Please complete to the best of your ability, and include the name(s) of each pay-on-death (POD) beneficiary for each account, or mark “none” or “unknown” as applicable:

Financial Institution	Acct. No. (last four)	Account Type	Approximate Balance	POD Beneficiary(ies)

I have additional bank or retirement accounts (please describe on the back side of this page)

