



THE SIEGEL LAW FIRM, P.A.

SERVING YOUR LEGAL NEEDS.COM

Please fill out the following information. If you do not have an opportunity to complete this information prior to our meeting we can complete this document at that time. Please forward the below information to JSiegel@SiegelLawFirmPa.com or bring the form to our scheduled meeting. Contact me with any questions at (561) 743-4001 or via email.

Basic Information

Full Name:

Date of Birth:

Home Address:

City:

State/Zip Code:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Preferred Method of Contact (Email, Text, or Phone (specify what number)):

Place of Employment:

Family Information

Children

Name:

Age:

Gender:

Grandchildren (names and ages):

Name:

Age:

Gender:

Grandchildren (names and ages):

Name:

Age:

Gender:

Grandchildren (names and ages):

Name:

Age:

Gender:

Grandchildren (names and ages):

DRAFTING OF WILL/TRUST

Who do you want to name as the Personal Representative/Executor/Trustee of your estate?

1st PR

Name:

Relation:

2nd PR (If the 1st designated PR fails to survive you. The designation of the 2nd PR is optional yet highly recommended)

Name:

Relation:

3rd PR (Optional)

Name:

Relation:

Who do you want to name as the Guardian(s) of your children (if you have children under age 18)

1st Guardian

Name:

Relation:

2nd Guardian (If the 1st designated guardian fails to survive you. The designation of the 2nd guardian is optional.)

Name:

Relation:

3rd Guardian (Optional)

Name:

Relation:

DRAFTING OF DURABLE POWER OF ATTORNEY

Who do you want to name as agent(s) on your durable power of attorney? A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For example, it can be used to sign a deed or a tax return, or make gifts of your property.

1st Agent

Name:

Relation:

Address:

2nd Agent (If the 1st designated agent fails to survive you. The designation of the 2nd agent is optional yet highly recommended)

Name:

Relation:

Address:

3rd Agent (Optional)

Name:

Relation:

Address:

DRAFTING OF HEALTH CARE SURROGATE

1st Surrogate

Name:

Relation:

Address:

Phone Number:

2nd Surrogate (If the 1st surrogate fails to survive you. The designation of the 2nd surrogate is optional yet highly recommended)

Name:

Relation:

Address:

Phone Number:

3rd Surrogate (Optional)

Name:

Relation:

Address:

Phone Number:

ASSETS

Life Insurance

Yes/No (please bold)

Value of Policy –

Retirement Plans

Full Value:

Named Beneficiary on Account:

Disability Insurance

Amount of Policy:

Real Estate

Property 1

Address:

Homestead: Yes/No (please bold)

Who owns the property?

Property 2

Address:

Homestead: Yes/No (please bold)

Who owns the property?

Property 3

Address:

Homestead: Yes/No (please bold)

Who owns the property?

Bank Accounts

Full Value:

Named Beneficiary on Account:

Brokerage Accounts

Full Value:

Named Beneficiary on Account:

Businesses

List of any businesses owned:

Vehicles

List of any vehicles owned and how they are titled?

Potential Inheritance

Amount of Potential Inheritance:

Student Loan Debt

Amount of Debt:

Other

Please list any other assets not listed above:

Describe how you want your estate to be distributed upon your death:

Describe any specific burial requests upon your death: