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Will Information Sheet

** Please bring copies of all previous estate planning documents to your initial consultation. **

Date: _____

Your Name: _____

(as you wish it to appear in documents)

Marital Status: _____

Spouse's Name: _____

(if any, and as you wish it to appear in documents)

Address: _____

Phone Numbers: Home: _____ Work: _____

Email: _____

Where is your Legal Residence:

City: _____

County: _____

Administration

Do you understand that a will can be changed or revoked at any time unless it has been written pursuant to a contract that prohibits such action? Yes No, please explain

Do you know who you would like the executor of your estate to be? *(check one)*

Yes, I wish my executor to be:

Full Name: _____

Relationship: _____

Address: _____

No, I wish to discuss this with you during our initial consultation.

Do you know who you would like the substitute executor of your estate to be? *(check one)*

Yes, I wish my substitute executor to be:

Full Name: _____

Relationship: _____

Address: _____

No, I wish to discuss this with you during our initial consultation.

Family Information

List all children (if any). It is important that all of your children be listed, whether they are (i) biological or adopted, (ii) children of a present marriage, a prior marriage, or born out of wedlock, and (iii) even though they may have been adopted by someone else.

Name of Oldest Child: _____ Date of Birth: _____

Name of Next Child: _____ Date of Birth: _____

Name of Next Child: _____ Date of Birth: _____

Please list ANY other children with Date of Birth below

At what age should your children receive property:

Majority (age 18 in North Carolina)

Other: _____

Please provide any additional listings or information regarding your family:

Property Information

Do you own any real estate located outside of North Carolina? Yes No (*check one*)
If Yes, in what States? _____

Do you own any personal property located outside of North Carolina? Yes No (*check one*)
If Yes, in what States? _____

Check the approximate size of the estate (including insurance):

- Under \$50,000
- \$50,000 to \$250,000
- \$250,000 to \$500,000
- \$500,000 to \$1,000,000
- Over \$1,000,000

Describe any other assets that you feel require special attention:

Distribution Objectives

Upon your death, describe generally how you want your assets distributed:

If none of your children are living when you die, how should your estate be distributed?

List any specific assets that should go to a specific person, charity or institution:

Further Estate Planning

In North Carolina, you can sign a **Durable Power of Attorney** to appoint someone to handle your assets if you become incapacitated.

Do you currently have a Power of Attorney? Yes No (*check one*)

Would you like to have a Power of Attorney? (or updated) Yes No (*check one*)

You can also appoint a **Health Care Power of Attorney** to make health care decisions for you when you are unable to do so yourself. This person can provide informed consent for treatment, or even refuse treatment for you.

Do you currently have a Health Care Power of Attorney? Yes No (*check one*)

Would you like to have a Health Care P.O.A. ? (or updated) Yes No (*check one*)

A **Living Will** is a document whereby an individual sets forth his or her wishes in case of terminal illness or persistent unconsciousness where the individual, also, is no longer capable of participating in his or her health care decisions.

Do you currently have a Living Will? Yes No (*check one*)

Would you like to have a Living Will? (or updated) Yes No (*check one*)

Once completed, please submit this information to the Law Office of Leslie A. Argenta, PLLC. If filled out online, this form can be submitted electronically by pressing the submit button below. Otherwise, please fax completed form to (919) 854-0487.