

# **Will Information Form**

Answering these questions will help you think through how you want your property to be distributed when you die, and your answers will give us the information we need to write your Will. If you need additional space or need to make notes, please do. If you have questions, ask us! Our phone number is 504-581-4043, and you should dial extension 204 to speak to Staff Attorney Joe Ballard.

#### When you have finished, please send this form to us by mail, fax, or email –

Mail:	Fax:	Email:
Attn: Intake The Pro Bono Project 935 Gravier St., Suite 1340 New Orleans, LA 70112	504-566-0518	intake@probono-no.org

#### PERSONAL INFORMATION

1.	What is your full legal name? (Name on your driver's license and/or Social Security Car
2.	What Parish do you live in?
3.	What is your date of birth?
4.	What are the last 4 digits of your Social Security number?
5.	What is your current Marital Status:
	Single, never married.
	Married.
	Divorced, not re-married.
	Divorced, re-married.
	Widowed, re-married.
	Widowed, not re-married.

6.	If you are now married,	or you are now	separated but not	divorced, list:
	• Spouse's full leg	gal name		
	• Spouse's date of birth			
	• Last 4 digits of S	Spouse's Social	Security number _	
7.	If you are now married,	or if you are no	w separated but n	ot divorced: do you have a written
	prenuptial agreement? _	Yes	_No	
8.	If you have ever been di	ivorced or wido	wed, please tell us	::
$S_{]}$	pouse's full name:	How did marriage end?	Date of divorce or deceased spouse's date of death:	Parish where death or divorce occurred:
		death		
		divorce		
		death		
		divorce		
		death		
		divorce		
9.	Are there any special re	asons or circum	stances why you a	are seeking a will at this time?

10. Have you ever signed a will before?YesNo	
11. If yes to Question 10, did you register the Will in a courthouse or with the Secretary of Sta	te?
YesNo	
12. If yes to Question 11, where, and when did you register the Will?	
YOUR CHILDREN	
13. Please name all your children, both biological and adopted – If a child is deceased, please	
provide date of death, and list their children's names and indicate they are your grandchild	, •
Date of Birth:	
Date of Birth:	_
Date of Birth:	
Date of Birth:	_
Date of Birth:	
Date of Birth:	
14. If any of your children are minors AND are also the biological or adopted children of your current spouse, name them here:	_
15. If any of your children or grandchildren are disabled, please name the child and briefly describe the disability:	-
16. Are you the legal guardian of any minors who not your own biological or adopted childrenYesNo	?

17. I	f yes to Question 16, what is your relation to each of the minors?
- 18. I	Do you intend for your children to inherit from you equally?YesNo
19. I	f not, how would you like your property divided after you die? (Please state in percentages)
-	
_	
	GUARDIAN FOR MINOR CHILDREN
20. <i>Į</i>	f you have minor children (less than 18 years old), you will want to select someone to look
C	after your children and their money if something happens to both you and your spouse.
l	Usually, it is recommended that you choose an individual (not a married couple) to avoid
C	confusion in the event of a divorce.
Nam	e and birth date of 1 <sub>st</sub> choice guardian:
Nam	ne and birth date of 2 <sub>nd</sub> choice guardian:
	DISINHERITING A CHILD
21. <i>I</i>	n Louisiana, a child can only be disinherited by a parent or grandparent under certain
C	circumstances. The attorney who writes your Will can explain more about disinheritance and
C	can tell you whether you can legally disinherit your child or grandchild. Please let us know if
3	you intend to disinherit any children:YesNo

### **REAL PROPERTY**

22.	Do you own a home?No
23.	If yes to Question 22, what is the address (including parish and zip code)?
24.	Is this home owned jointly with anyone?YesNo
25.	If yes to Question 24, list all co-owners of the property:
26.	Do you own any other property or real estate?YesNo
27.	If yes to Question 26, please give the address(es), including parish and zip code:
28.	Do you jointly own any of the property listed in question 27 with someone else?
	YesNo
29.	If yes to Question 28, please name every co-owner of each property:
30.	Do you own any cars or other vehicles (including boats, RV's, etc.)?YesNo

31.If yes to Question 30, give general description of each vehicle:
OTHER INFORMATION
32.Do you have a cemetery plot or mausoleum space?YesNo
33.If yes to Question 32, where is it located?
34.Do you have a safety deposit box?YesNo
35.If there are any joint owners of a safety deposit box, name them here:
36.Where is the safety deposit box located?
PERSONAL REPRESENTATIVE (EXECUTOR/EXECUTRIX)
37. Who will be responsible to take your will to the attorney when you die and work with the
attorney to ensure your estate is administered according to your wishes? Choose someone who
you believe is <u>willing and able</u> to handle the job. You should inform that person that you are
choosing them as your executor.
38.Who is your first choice? Name:
39. Their relationship to you:
40.If they die before you or do not want the responsibility, who is your second choice?
Name:
41.Their relationship to you:

### **SPECIFIC BEQUESTS**

42.If everything goes to the child(ren) with no exceptions, you can skip this section. Otherwise, this section can be used to list any items that should go to one heir over the others, or items going to any other family member, friend, etc.

You do not need to list every item you own, only those special items that you want to leave to specific people in your life. This could include jewelry, family heirlooms, antiques or art, or anything else of value or with special significance to you.

Item:	Distributed to:

## RESIDUAL BENEFICIARY

die	t everyone to whom you want to leave something debefore you, do you want to leave everything to an ority, a political organization, etc.)?Yes	organization (such as a church, a school	
44.]	f yes to Question 43, list the organization here:		
		<del></del>	

\* THE END \*