

# SELLERS & WARREN

## ATTORNEYS AT LAW

### PLEASE READ.

In a Last Will and Testament, except for specific bequests, your entire estate will go to your spouse and children. If you are interested in our law firm preparing a Will for you, please fill out this form.

If have questions while filling out this form, STOP and contact **Sellers & Warren, P.C.**, at **(770)-720-9500** for a private and confidential conference.

Once your Will is completed, we will send you a draft for your review. After you approve the draft and you are ready to sign, we will schedule a meeting at your convenience at our Canton office located at **115 Woodland Way, Suite 100, Canton, Georgia, 30114**.

After you have filled out this Will Intake Form, please email, mail, or fax it to us and we will begin the process of completing your Will quickly and conveniently for you. **Additional contact information is listed on last page of this document.**

### PLEASE ANSWER ALL QUESTIONS

#### 1. Personal Information

- a. Your Legal Name: \_\_\_\_\_
- b. Your Address: \_\_\_\_\_
- c. Phone Number: \_\_\_\_\_
- d. Marital Status: Married \_\_\_\_ Single \_\_\_\_
- e. Your Email Address: \_\_\_\_\_

#### 2. Spouse's Information

- a. Legal name: \_\_\_\_\_
- b. Email address: \_\_\_\_\_
- c. Phone Number: \_\_\_\_\_

\*\*\*\* If you are not married and do not have heirs or beneficiaries, please list the names and addresses of the person or charitable organization(s) that you want to receive your assets upon your death:

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3. Have you ever divorced? Yes \_\_\_\_ No \_\_\_\_
4. Do you have any children? Yes \_\_\_\_ No \_\_\_\_ (if no, skip to section 8)
5. Your natural children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

6. Your step-children:

7. Name: \_\_\_\_\_ Age: \_\_\_\_\_

8. Name: \_\_\_\_\_ Age: \_\_\_\_\_

9. Name: \_\_\_\_\_ Age: \_\_\_\_\_

10. Name: \_\_\_\_\_ Age: \_\_\_\_\_

11. Name: \_\_\_\_\_ Age: \_\_\_\_\_

12. Name: \_\_\_\_\_ Age: \_\_\_\_\_

**\*\*\*If any of your children are under 18 years of age, then please state the name and address of the individual(s) you would like to recommend for guardianship [i.e. to care for your children and their inheritance]:**

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If one of your children or beneficiaries dies before you, do you want his/her share of the estate to go to your other living children? Yes \_\_\_\_ No \_\_\_\_

**-OR-**

Do you want your deceased child's share of your estate to go to his or her heirs? (i.e. children/grandchildren of that deceased child)? Yes \_\_\_\_ No \_\_\_\_

13. Executor: Who do you want to be your Executor [the person that would administer your will]? In most cases, this will be your Spouse. If Spouse, check here \_\_\_\_.

If some other person(s), then state the full name and address of the person: \_\_\_\_\_

\_\_\_\_\_

Please provide the name and address of an Alternate Executor to be appointed in case the person that you have named Executor is unable or unwilling to perform the duties: \_\_\_\_\_

\_\_\_\_\_

14. Address of Primary Residence:

\_\_\_\_\_

15. I desire my Personal Effects (physical objects i.e. clothing, household items) be given to:

\_\_\_\_\_

If they predecease me, I desire my Personal Effects be given to:

\_\_\_\_\_

16. I desire for my pet(s) to be cared for by: \_\_\_\_\_

17. Notable assets or items of value: (i.e. stocks, bonds, mutual funds, business ownership): \_\_\_\_\_

\_\_\_\_\_

18. Specific items: Do you want to make any specific bequests or gifts? (For example: my wedding ring to my daughter or my gold watch to my nephew)

Item & Full Name of Person:

\_\_\_\_\_

Item & Full Name of Person:

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Item & Full Name of Person:

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Item & Full Name of Person:

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19. Do you want to disinherit any individuals from your will?

a. Yes \_\_\_ No \_\_\_

b. If yes, please state the full name of each individual to be disinherited:

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20. Do you want to disinherit an individual if he/she contests your Will?

Yes \_\_\_ No \_\_\_

21. Final Disposition:

I wish to be buried \_\_\_ I wish to be cremated \_\_\_

Final resting place: \_\_\_\_\_

Specific requests for my memorial service: \_\_\_\_\_

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22. Are you interested in a Financial Power of Attorney? **Yes** \_\_\_ **No** \_\_\_

Are you interested in a Healthcare Power of Attorney? **Yes** \_\_\_ **No** \_\_\_

**If you answered yes to the above, we will contact you after receipt of this form to collect the additional information needed to draft those documents.**

**Please email, mail, or fax your completed form to:**

[Canton@sellers-warren.com](mailto:Canton@sellers-warren.com)

Sellers & Warren, P.C.  
115 Woodland Way, Suite 100  
Canton, GA 30114

Phone: (770)-720-9500

Fax: (770)-720-9510

**After we prepare your documents,  
our office will contact you to schedule a signing appointment.**

<b>Single Will</b> (includes Financial Power of Attorney & Power of Attorney for Healthcare)	\$750.00
<b>Two Wills (married couple)</b> (includes Financial Power of Attorney & Power of Attorney for Healthcare)	\$1,250.00
<b>Financial Power of Attorney</b> (without a Will)	\$250.00
<b>Power of Attorney for Healthcare</b> (without a Will)	\$150.00