

HALEY & HALEY ATTORNEYS, LLC
PRELIMINARY WILL PREPARATION DATA FORM

Please print legibly or type, and complete ALL information below completely and accurately. Please attach additional instructions if necessary. If you intend to leave your entire estate to one person, or to two or more who will share equally, you need not list different bank accounts, stock accounts, etc. If you are leaving different specific items or accounts to different people, each item must be listed and described (account number, etc.) in the last section of this form under "Specific Bequests."

PART 1: YOU AND YOUR IMMEDIATE FAMILY

Please fill out ALL information in this section completely, even if you do not intend to leave anything to your spouse, ex-spouse, or children.

Full Legal Name _____ **DOB** _____

Social Security # _____ **County of Residence** _____

Home Address _____

Full Legal Name of Spouse _____

(If divorced)

Full Legal Name of Previous Spouse(s) _____

All Natural or Adopted Children

| | Full Legal Name: | Date of Birth: | Name of Other Parent, if not present spouse: |
|----|------------------|----------------|--|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

PART 2: OTHER POSSIBLE HEIRS

Please list below any other persons or institutions to whom you may leave any estate item (for example: grandchildren, nieces, nephews, brothers, sisters, friends, charities, etc.), even if only as an alternate in the event your first choice(s) as beneficiary should predecease you:

| <i>Full Legal Name of Individual or Charity</i> | <i>Approximate Age (if a person)</i> | <i>Relationship/Location (Ex., grandson, niece, etc.)</i> |
|---|--------------------------------------|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

PART 3: YOUR PERSONAL APPOINTMENTS

Please indicate below your choices for the matters indicated. In each case, name at least a first and a second choice, and a third if possible (in case you first choice should predecease you, or for some reason is unable or unwilling to serve). Please name individuals who would be both willing and able to perform the duties involved.

1. Please name your choice for Executor (also called Personal Representative) to handle your estate. The individual you name should be capable of making time to handle your estate, and be capable and responsible enough to make business decisions, pay bills, etc. (Note: Should you not wish to name a relative or friend, consider a reputable Bank and Trust Company or other professional firm for appointment as Executor.) Executors' duties can last a matter of months or years.

First Choice:

Name _____

Address _____

Phone(s) _____

Second Choice:

Name _____

Address _____

Phone(s) _____

Third Choice:

Name _____

Address _____

Phone(s) _____

2. Please name to whom you will grant power of attorney to handle your necessary financial and business affairs (e.g., bills & other payment obligations, taxes, emergencies, lawsuits, etc.) in the event that you are rendered unable to handle these matters (e.g., coma, incapacitated). Ordinarily, the individual named should live nearby or in the same state.

First Choice: Same as Executor Other:

Name _____

Address _____

Phone(s) _____

Second Choice: Same as Second Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

Third Choice: Same as Third Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

3. Please name to whom you will grant power of attorney to make medical and health decisions on your behalf in the event that you are seriously ill, suffer a serious accident, in a coma, otherwise unable to communicate your wishes, etc. This would include authority to decide whether to continue life support, breathing machines, feeding tubes, etc., should it appear there is little hope for recovery. (This person will be named as your representative in your Durable Power of Attorney for Healthcare. If the person(s) you name below for this purpose is/are not available, cannot be located, or should predecease you, your physician will then be guided by the instructions in your Living Will.)

First Choice: Same as Executor Other:

Name _____

Address _____

Phone(s) _____

Second Choice: Same as Second Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

Third Choice: Same as Third Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

NOTE: The following items 4 & 5 do NOT apply unless you have one or more minor children.

4. Please name a Guardian (also called Guardian of the Person) to have physical custody of your minor child(ren), in the event your child(ren)'s other natural parent dies at the same time you do, or passes away before you, or is unwilling or unable to possess legal custody, or cannot otherwise provide care as a surviving parent.

First Choice: Same as Executor Other:

Name _____

Address _____

Phone(s) _____

Second Choice: Same as Second Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

Third Choice: Same as Third Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

5. Please name a Conservator (also called Guardian of the Property or Trustee) to administer any insurance proceeds, property or funds you may leave to any minor child(ren) or grandchild(ren):

First Choice: Same as Executor Other:

Name _____

Address _____

Phone(s) _____

Second Choice: Same as Second Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

Third Choice: Same as Third Choice for Executor Other:

Name _____

Address _____

Phone(s) _____

PART 4: DIVISION OF PROPERTY

Please first read both (1) RESIDUARY ESTATE and (2) SPECIFIC BEQUESTS (below), then describe and list below how you wish your assets to be distributed.

(1) RESIDUARY ESTATE: *If you wish your entire estate (after payment of final medical bills, taxes, and specific bequests, if any, listed below) to go to one person, or alternatively, to be sold and divided equally between two or more persons, indicate the same below, naming your beneficiary or beneficiaries (intended recipient/s). Also state a second and third choice in the event those you name predecease you:*

(2) SPECIFIC BEQUESTS: *If you wish for any particular item to go to a particular person, list and describe the item below, together with the name of the intended beneficiary (recipient). Be sure to provide sufficient information to positively identify assets (account number, location, etc.).*

For example:

- *House at 123 Main Street, Buford, GA, USA 30518- to my spouse*
- *Gun collection- to my son, John T. Jones of Peoria, IL*
- *Condominium at 321 Bayshore Blvd., Tampa, FL 33606 - to my daughter Sally Jones of Tampa, FL*
- *Stock account with Merrill Lynch, Atlanta office, Account #12345-67890- to be sold and the proceeds divided equally between my three grandchildren, Mary, Margaret, and Perry Smith of Tucker, Georgia*

