

LAW OFFICE OF JOSEPH C. STRINGFELLOW
2 HARTSDALE COURT
BURLINGTON, NEW JERSEY 08016
609-747-7885

WILL INFORMATION

Interview Date:

NAME: _____

S.S.#: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-Mail Address: _____

SPOUSE'S FULL NAME: _____

S.S.#: _____

MARITAL STATUS

Spouse Deceased: _____ **Date:** _____

Divorced: _____

Previous Marriages: _____

CHILDREN

Name	Sex/D.O.B.	Address	Marital Status

FIDUCIARIES

1. Executor(s): Name: _____

Address: _____

Name: _____

Address: _____

Alternate(s): Name: _____

Address: _____

Name: _____

Address: _____

2. Trustee(s): Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

3. Guardian(s) of minor children:

Name: _____

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

Alternate(s): Name:

Address: _____

Relationship: _____

Name: _____

Address: _____

Relationship: _____

ASSETS

1. Stocks, Bonds and other Securities. (how registered, joint-survivorship P.O.D.).

Stocks/Bonds	Registered	joint-survivorship	P.O.D.
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

2. Real Estate: location and general description, record owners estimated value, mortgages.

Location/Description:

Record Owners:

Estimated Value:

Mortgage(s):

Location/Description:

Record Owners:

Estimated Value:

Mortgage(s):

3. Insurance Policies: (identification and beneficiary).

Policy Name/Company	Number #	Beneficiary
_____	_____	
_____	_____	
_____	_____	
_____	_____	

4. Personal Effects: (furs, jewelry, other).

Item(s)	Location	To Whom
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	

5. Bank Accounts: Checking/Savings: How registered, location.

Checking/Savings	Location	Registered
<hr/>	<hr/>	
<hr/>	<hr/>	
<hr/>	<hr/>	

DISPOSITION OF ESTATE

1. To Spouse:

2. To:
Relationship & Address:

3. To:
Relationship & Address:

4. To:
Relationship & Address:

5. To:
Relationship & Address:

CLAUSES

1. Are there any specific people and or relatives that you want to be EXCLUDED from your will?

2. Do you want to have a no contest clause added to the will?

3. Do you need a testamentary trust? _____

POWER OF ATTORNEY

- 1. What person or persons do you wish to be your power of attorney?
List address and relationship?**

ADVANCED DIRECTIVES

- 1. Who do you wish to be your health care representative or
representatives? _____**
