

*A Guide
For
Planning
Your Will*

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A Guide For Planning Your Will

This form is intended to assist you in inventorying your assets and in determining how you wish those assets to be distributed. Please complete it prior the next meeting with your attorney.

Date _____ Telephone Number _____

Full Name _____
First Middle Last

Spouse's Full Name _____
First Middle Last

Address _____
Street City State Zip

Married _____ Single _____ Date of Birth _____

Social Security Number _____ Spouse's Social Security Number _____

Prior Marriages and Legal Obligations Resulting _____

Children (Grandchildren, if applicable)

Name	Relation	Date of Birth	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a Will now in force? _____ If so, please attach a copy.

Do you have a Health Care Proxy? _____ If so, please attach a copy.

Do you have a Living Will? _____ If so, please attach a copy.

Funeral Arrangements

Persons to notify at death (Name, address and phone number)

Have funeral arrangements been made? Yes No

Funeral Director _____
Local _____ Elsewhere _____

Type of Service _____ Cremation Yes No

Special Instructions _____

Present Inventory of Estate:

Real Estate Owned

Location _____ Value _____ Title in your name only?
How Listed? _____

Personal Property (Household furniture, equipment, jewelry, etc.)

Auto/Boat _____ Current Value _____ Titled _____
Auto/Boat _____ Current Value _____ Titled _____
Auto/Boat _____ Current Value _____ Titled _____

Cash/Checking Account

\$ _____ Bank _____ Address _____ Titled _____
\$ _____ Bank _____ Address _____ Titled _____

Saving Accounts/Certificates of Deposit

\$ _____ Bank _____ Address _____ Titled _____
\$ _____ Bank _____ Address _____ Titled _____
\$ _____ Bank _____ Address _____ Titled _____

Bonds, Stocks, Securities, etc.

Life Insurance, IRA's, etc.

Company	Beneficiary	Ownership	\$ Amount

Have you created a Trust or are you a beneficiary of a Trust? Yes No
If yes, please attach copy.

Pension, Profit Sharing or Other Retirement Benefits:	\$ Amount

Business Interest (Partnerships, Corporations, Sole Proprietorship, etc.)

Estimated Debts and Mortgages against your estate:

Debt or Mortgage To:	Whose Name:	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Desired Distribution

Specific Bequests

Person or Charity	Property or Article Bequeathed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Rest of the Estate

Persons or Charity	Proportionate Share or Percent
_____	_____
_____	_____
_____	_____
_____	_____

Name of Personal Representative (Executor or Executrix) _____

Address _____

Alternate Personal Representative _____

Address _____

Name of Guardian for Minor Children _____

Address _____