

# WELLER LAW, LLC

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## WILL/TRUST COMPREHENSIVE INTAKE FORM

**Weller Law, LLC** strongly encourages everyone to execute wills. The principal reason for making a will is to decide who will receive your property upon your death. If you die without a will, the state of your domicile distributes your property according to its own law.

It is important for people with children to have a will in order to designate a guardian. If both parents die and no guardian is named, the court may appoint a guardian whom the parents would not have desired. Please bear in mind that selection of guardian may not be binding upon the court.

Prior to completing this worksheet, you should have a plan for distribution of your property. Typically, married couples leave all the property to the surviving spouse. Should both spouses die together, the property will normally be divided equally among the children. If the child/ren is/are minors, the executor, the person taking care of the estate, exercises considerable judgment regarding the time and manner of distributing the child/ren's property to them, or the guardian.

Some court proceedings may be necessary in order to transfer the property of the deceased and the settle any debts. However, possessing a will can minimize court-related expenses.

Information provided on this worksheet is confidential.

**YOUR NAME (TESTATOR):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Do you wish to leave everything to your spouse?** \_\_\_\_\_

**EXECUTOR TO BE NAMED IN WILL:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT \_\_\_\_\_

**ALTERNATE EXECUTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**TRUSTEE/GUARDIAN TO BE NAMED IN WILL:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT \_\_\_\_\_

**ALTERNATE TRUSTEE/GUARDIAN TO BE NAMED IN WILL:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO DECEDENT: \_\_\_\_\_

**BENEFICIARIES OR HEIRS AT LAW:**

**TESTATOR'S PARENTS:**

FATHER: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

MOTHER: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**TESTATOR'S SIBLINGS:**

SIBLING # 1: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

SIBLING # 2: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

SIBLING # 3: \_\_\_\_\_  LIVING

IF LIVING:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**TESTATOR'S CHILDREN:**

CHILD # 1: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

CHILD # 2: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

CHILD # 3: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**At what age or ages do you wish your children to be deemed the age of majority and have money distributed to them? \_\_\_\_\_**

Do you wish to leave your estate to your children “per stirpes” or “per capita”? “Per stirpes” is the most common distribution, which means if any of your children die before you, their children (your grandchildren) will divide the share the deceased child would receive. A “per capita” distribution means that all of your surviving children will share equally, but if any of your children die before you, the deceased child’s share is divided among the surviving children, and the grandchildren of the deceased child will receive nothing.

- \_\_\_\_\_ Per stirpes distribution
- \_\_\_\_\_ Per capita distribution
- \_\_\_\_\_ Inapplicable

**TESTATOR’S GRANDCHILDREN:**

GRANDCHILD # 1: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

GRANDCHILD # 2:

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

GRANDCHILD # 3: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

GRANDCHILD #4: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

GRANDCHILD # 5: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**OTHER BENEFICIARIES: (typically named in will)**

**NAME #1:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**NAME #2:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP TO THE DECEDENT: \_\_\_\_\_

DATE OF BIRTH, IF MINOR: \_\_\_\_\_

GIFT(S): \_\_\_\_\_

**NAME #3:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP TO THE DECEDENT:** \_\_\_\_\_

**DATE OF BIRTH, IF MINOR:** \_\_\_\_\_

**GIFT(S):** \_\_\_\_\_

**ASSETS:**

**SAFE DEPOSIT BOX:**                      **YES:**                                       **NO:**

**LOCATION:** \_\_\_\_\_

**REAL ESTATE:**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**HOMESTEAD:**                                      **YES:**                                       **NO:**

**OTHER REAL ESTATE:**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **DOD VALUE:** \_\_\_\_\_

**HOW TITLED:** \_\_\_\_\_

**STOCKS AND BONDS:**

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

TYPE OF SECURITY: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF CERTIFICATE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**BANK ACCOUNTS:**

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_



BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: \_\_\_\_\_

LOCATION OF BONDS: \_\_\_\_\_

TO BE CASHED: YES:  NO:

IF YES, NAME OF TRANSFEREE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**INSURANCE ON TESTATOR'S LIFE:**

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**ANNUITIES:**

COMPANY NAME: \_\_\_\_\_ Policy #: \_\_\_\_\_

BENEFICIARIES NAMED: \_\_\_\_\_

LOCATION OF POLICY: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

**VEHICLES:**

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW TITLED: \_\_\_\_\_

LOCATION OF TITLE: \_\_\_\_\_

DATE OF DEATH VALUE: \_\_\_\_\_

MISCELLANEOUS PERSONAL PROPERTY:

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If you left everything to either your spouse and/or your children and they die before you, and you have no children, whom do you want to inherit your estate in their place?

<b>Full Name</b>	<b>City/State</b>	<b>Relationship</b>	<b>Share</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have no spouse or children, or you have disinherited them, whom do you wish to inherit your estate?

<b>Full Name</b>	<b>City/State</b>	<b>Relationship</b>	<b>Share</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any specific bequests of personal property such as, a coin collection, family heirloom, etc.?

<b>Full Name</b>	<b>City/State</b>	<b>Property</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Important points regarding the distribution of property**

**NOTE 1: The following titled properties will probably pass to the surviving spouse regardless of any disposition made in the will:**

- Property titled jointly with the right of survivorship (bank accounts)
- Tenants by the entirety (your house)
- Property in both spouses' name

**NOTE 2: Insurance policies are paid to the beneficiary according to the terms of the policy. The proceeds are not controlled by provisions in the will unless no specific beneficiaries are named on the policy or unless the proceeds are to be paid directly to your estate.**

**NOTE 3: Be especially cautious of making specific bequests. In particular, cash bequests must be paid before any specific and/or general bequests. Therefore, bequests of cash may require selling other property in the estate to provide funds for the bequest. Additionally, bequests of personal property often cause confusion. For example, the property could be worn out or sold by the testator before he dies. Furthermore, bequests of items such as, "my car", may cause confusion if the testator owns two cars at the time of death.**

**DOCUMENTS NEEDED BY THIS OFFICE:**

\_\_\_\_\_ REAL ESTATE DEEDS

\_\_\_\_\_ Other