



WILLS PRE-QUALIFIER

Print and complete each of the forms below. You may print out more than one form of each type if necessary. Then mail the completed forms to my business address shown above by first class or overnight mail. Call us at 1-800-747-6655 to let us know your envelope is being mailed. We will then schedule a conference to meet with your in person at one of our offices to discuss the options available to you. We do not represent you until you visit us in person in one of our offices, execute a fee agreement and pay the requested retainer. Your submittal of these forms is a request to us and we reserve the right to decline to represent you. All submittals are confidential and can be returned on written request.

SINGLE WILL FORMS	
FORM 1	Client Questions
FORM 2	Heirs
FORM 3	Property Distribution
FORM 4	Representatives
FORM 5	Durable Power of Attorney
FORM 6	Medical Durable Power of Attorney



FORM 1 – Client Questions

Date: _____ Phone: _____

Testator: _____ SS#: _____ DOB: _____

Testatrix: _____ SS# _____ DOB: _____

Address: _____

City, Zip: _____ County: _____

Prior Will?: _____ Filed in probate?: _____

Married?: _____ Spouse Living?: _____

Do You Have a Family Burial Plot? ___ Yes ___ No Where: _____

Prefer Cremation? ___ Yes ___ No - Prefer a Monument Similar? ___ Yes ___ No



FORM 2 – Heirs

Children’s Names

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Grand Children's Names

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____

Name: _____ Age: _____ Parent: _____



FORM 3 – Property Distribution

How do you want your Estate to be distributed?

State in your own words your wishes concerning the ultimate distribution of your Estate:

Do you have any specific items that you want to be given to specific individuals?

Yes No If yes, list:

Person: _____ Bequeath: _____

Person: _____ Bequeath: _____

Person: _____ Bequeath: _____

Person: _____ Bequeath: _____

Person: _____ Bequeath: _____

Person: _____ Bequeath: _____

How do you want Charitable Organizations to share in your Estate?

Name & Address: _____ Amount: _____

Name & Address: _____ Amount: _____

Name & Address: _____ Amount: _____

Name & Address: _____ Amount: _____



FORM 4 – Representatives

Name of Individual to Administer your Estate:

First Choice - Name: _____

Address: _____

Second Choice - Name: _____

Address: _____

Guardian of Person for Minor Children:

First Choice - Name: _____

Address: _____

Second Choice - Name: _____

Address: _____

Other Information:



DAVID W. GARRETT
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Muskegon, MI 49441
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FORM 5 - Durable Power of Attorney

First Choice - Name: _____

Address: _____

Second Choice - Name: _____

Address: _____



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FORM 6 - Medical Durable Power of Attorney:

First Choice - Name: _____

Address: _____

Second Choice - Name: _____

Address: _____