

Information For My Attorney

Name(s): _____ Date: _____

Please complete **both sides** of this sheet and bring it with you to your appointment.

1. Your Next-of-Kin: (Your children, if any. If no children, list parents and siblings, incl. deceased.)

<u>Full name</u>	<u>Relationship</u>	<u>Approx. Age</u>	<u>Number of Children</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Preferred Beneficiaries: (Generally, who do you want to benefit from your estate at death?)

Any charitable bequests (dollar amount or percentage)? _____

3. Executors/Agents: Please provide information below for **any individuals that you are considering naming as a primary or alternate Executor** under your Will **or as an Agent** under a Power of Attorney or Health Care Power of Attorney. The order does not have to be the same for all documents, and we will discuss the specifics during your appointment. Providing information here helps you have any necessary dates of birth, addresses, and phone numbers ready during the appointment.

	<u>Full Name & Date of Birth</u>	<u>Address & Phone Number</u>
<u>Primary:</u>	_____	Addr: _____
Relationship:	_____ DOB: _____	Phone: _____
<u>Alternate:</u>	_____	Addr: _____
Relationship:	_____ DOB: _____	Phone: _____
<u>Alternate:</u>	_____	Addr: _____
Relationship:	_____ DOB: _____	Phone: _____
<u>Alternate:</u>	_____	Addr: _____
Relationship:	_____ DOB: _____	Phone: _____

4. Guardian and alternates (if there are minor children):

<u>Legal name</u>	<u>Relationship</u>	<u>As individual</u>	<u>-or-</u>	<u>Only if married to</u>
Guardian: _____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____
1 st Alternate: _____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____
2 nd Alternate: _____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____

5. Other Considerations:

- I have a prior Will or an existing trust. (Please bring to the appointment.)
- I own out-of-state real estate located in _____ (county, state).
(Please bring deed to the appointment, if possible.)
- I have a disabled child or a beneficiary who should not receive his or her share outright.
- Other important information _____



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