

# Information for Legal Documents

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete **both sides** of this sheet and return it to us prior to your appointment by dropping it off at our office, email, mail, or fax.

**1. Next-of-Kin:** (List your children, if any. If none, list parents and siblings, including 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 &amp; Date of Birth</u>	<u>Address &amp; 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 <sup>st</sup> Alternate: _____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____
2 <sup>nd</sup> Alternate: _____	_____	<input type="checkbox"/>		<input type="checkbox"/> _____

**5. Other Considerations:**

- I have a trust, Will, or other estate planning document not prepared by or previously provided to Niehaus Law Office. (Please drop off at your office, email, mail, or fax.)
- I own out-of-state real estate located in \_\_\_\_\_ (county, state).  
(Please provide a copy of the deed, 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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