

Information for Legal Documents



5600 Harrison Avenue
Cincinnati, Ohio 45248
513.251.4900
www.niehauslaw.com

Name(s): _____ Date: _____

Please complete **both sides** of this sheet and bring it with you to your appointment. If you are meeting by phone or Zoom, return it to us prior to your appointment by drop off, email, mail, or fax. For blended families, use separate forms if you need more space.

1. Next-of-Kin:

Number of living children _____

Number of deceased children _____ Did any deceased child have children? Y N

List your children, if any. If none, list parents and siblings, including those deceased.

Name (include middle initial, if any)	Relationship	Approx. Age	His/Her Number of Children

2. **Preferred Beneficiaries:** Generally, who do you want to benefit from your estate after your death? _____

Do you want to make any charitable bequests (either a dollar amount or a 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 for each document during our meeting.

Name (incl. middle initial if any) & Relationship (if not on front)	Date of Birth	Address	Phone Number

4. Guardian for your minor children, if any:

Name (incl. middle initial if any)	Relationship	<input type="checkbox"/> Only if married to:*
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

* Occasionally a client wants to nominate a sibling as Guardian, but only if that sibling is married to their current spouse at the time when a guardianship would become necessary.

5. Other Considerations:

- I have a trust, will, or other estate planning document not prepared by or previously provided to Niehaus Law Office. *Please provide copies of any trusts; provide copies of other documents if you plan to keep them in place or if you would like us to review them.*
 - 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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