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**Also Licensed In California*

ESTATE PLANNING WORKSHEET

LAST WILL AND TESTAMENT

TODAY'S DATE: _____

YOUR NAME: _____

YOUR DATE OF BIRTH: _____ E-MAIL ADDRESS: _____

YOUR RESIDENTIAL ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

YOUR TELEPHONE NUMBERS: _____ (HOME) _____ (WORK)
_____ (CELL)

NAME OF SPOUSE: _____

THEIR DATE OF BIRTH: _____

THEIR RESIDENTIAL ADDRESS: _____

THEIR MAILING ADDRESS IF DIFFERENT: _____

THEIR TELEPHONE NUMBERS: _____ (HOME) _____ (WORK)
_____ (CELL)

LIST YOUR CHILDREN: (FULL NAME, ADDRESS, PHONE NOS. AND DATE OF BIRTH)

LIST ANY OTHER RELATIVES, FRIENDS, ETC. WHOM YOU WISH TO INCLUDE IN YOUR WILL:
(NAME, RELATIONSHIP, AGE, ADDRESS AND PHONE NOS.)

DO YOU WISH TO INCLUDE SPECIAL INSTRUCTIONS FOR THOSE INCLUDED IN YOUR WILL WHO
HAVE SPECIAL NEEDS (LEGAL DISABILITY, LACK OF MANAGEMENT SKILLS, ETC. PLEASE BE
SPECIFIC):

PRIMARY EXECUTOR/EXECUTRIX: (LIST NAME, RELATIONSHIP, ADDRESS & PHONE NOS. OF
INDIVIDUAL(S) YOU WISH TO HANDLE YOUR ESTATE UPON YOUR DEATH, I.E. SPOUSE)

SECONDARY EXECUTOR/EXECUTRIX: (LIST NAME, RELATIONSHIP, ADDRESS AND PHONE NOS.
OF INDIVIDUAL(S) TO HANDLE YOUR ESTATE IN CASE THE INDIVIDUAL ABOVE IS UNABLE TO)

REAL ESTATE PROPERTY YOU OWN OR ARE BUYING: (LIST PROPERTY ADDRESS, DEED BOOK
AND PAGE {IF YOU HAVE IT}, APPROXIMATE VALUE AND ANY OTHER PERSONS WHO SHARE
OWNERSHIP WITH YOU)

TANGIBLE PERSONAL PROPERTY: (SUCH AS ANTIQUES, JEWELRY, COLLECTABLES, ETC.
INCLUDE DESCRIPTION AND APPROXIMATE VALUE)

FUNERAL ARRANGEMENTS AND DISPOSITION OF REMAINS:

DO YOU WISH TO EXPRESS YOUR DESIRES REGARDING FUNERAL ARRANGEMENTS? PLEASE INDICATE YOUR DESIRE:

____ NO PREFERENCE AT THIS TIME

____ CREMATED

____ BURIED AT _____ CEMETARY IN PLOT # _____

____ SPECIAL INSTRUCTIONS: _____

DO YOU WANT YOUR HEALTH CARE AGENT(S) TO HANDLE THE DISPOSITION OF YOUR REMAINS? ____ YES ____ NO

HAVE YOU ALREADY PAID FOR YOUR FUNERAL ARRANGEMENTS? ____ YES ____ NO

MINOR'S TRUST
(for Children and future Beneficiaries under 18 yrs. old)

TRUSTEE: (LIST NAME, RELATIONSHIP, ADDRESS & PHONE NOS. OF INDIVIDUAL(S) YOU WISH TO HANDLE ANY TRUST SET UP IN YOUR WILL)

SECONDARY TRUSTEE: (LIST NAME, RELATIONSHIP, ADDRESS AND PHONE NOS. OF INDIVIDUAL(S) YOU WISH TO HANDLE ANY TRUST SET UP IN YOUR WILL)

LEGAL GUARDIAN OF MINOR CHILDREN: (NAME, RELATIONSHIP, ADDRESS AND PHONE NOS.)

SECONDARY LEGAL GUARDIAN OF MINOR CHILDREN, IN CASE INDIVIDUAL LISTED ABOVE IS UNABLE TO DO SO: (NAME, RELATIONSHIP, ADDRESS AND PHONE NOS.)

HEALTHCARE POWER OF ATTORNEY

PRIMARY HEALTH CARE AGENT AN INDIVIDUAL YOU CHOSE TO MAKE HEALTHCARE DECISIONS FOR YOU IF YOU ARE UNABLE TO

(NAME, HOME PHONE, WORK PHONE, CELL PHONE AND ADDRESS)

SECONDARY HEALTH CARE AGENT IF INDIVIDUAL LISTED ABOVE IS UNABLE TO DO SO:

(NAME, HOME PHONE, WORK PHONE, CELL PHONE AND ADDRESS):

ANY ADDITIONAL INFORMATION/COMMENTS:

DURABLE POWER OF ATTORNEY (optional)

THIS SHOULD BE SOMEONE YOU TRUST WHO HAS THE EXPERTISE AND CONCERN TO HANDLE ALL YOUR AFFAIRS IF BECOME UNAVAILABLE, INCAPACITATED OR INCOMPETENT TO DO SO.

FULL NAME OF PRIMARY ATTORNEY-IN-ACT: _____

FULL NAME OF SECONDARY ATTORNEY-IN-ACT: _____

ADDRESS OF PRIMARY AGENT: _____

ADDRESS OF SECONDARY AGENT: _____

THANK YOU FOR CHOOSING BARONE LAW OFFICES, PC FOR YOUR ESTATE PLANNING NEEDS. PLEASE RETURN THIS WORKSHEET UPON COMPLETION TO OUR OFFICE, AND WE WILL CONTACT YOU WHEN THE DOCUMENTS ARE READY FOR REVIEW AND EXECUTION.

FOR YOUR CONVENIENCE, YOU MAY EITHER:

FAX THE WORKSHEET TO (704) 658-0366 OR

EMAIL THE WORKSHEET TO misty@baronelawofficespc.com

THANK YOU.