

Please answer the following questions as best you can. If you get stuck on any questions, just leave them blank. You can discuss your questions during your appointment with Attorney Jackson. If you need more room for any of the sections, feel free to use the last sheet of paper included with this form.

#### Click here for an Introduction Video

#### **Your Information:**

First Name:	Nickname:		
Last Name:	Middle Initial:		
Age:	Date of Birth:		
E-mail Address:	E-mail Address:		
Cell Phone:	Home Phone:		
Mailing Address:			
Street Address (if different):			
City:	Zip Code:		
State:	Country:		
Place of Employment:			
Are you retired?	Are you a widow(er)?		
Are you engaged to be married?			
Has this law firm done work for you in the past?			
How did you find our office?			



## **Spouse/Partner Information:**

-		
First Name:	Nickname:	
Last Name:	Middle Initial:	
Age:	Date of Birth:	
E-mail Address:		
Cell Phone:	Home Phone:	
Mailing Address:		
Street Address (if different):		
City:	Zip Code:	
State:	Country:	
Your Children's Information:		
Name:	Date of Birth:	
Complete Address:		

Complete Address:	
Cell Phone:	Home Phone:
Name of Spouse:	Spouse Cell Phone:
Names/Ages of their Children:	

Is this child deceased?	If so, what is their date of death:

Name:	Date of Birth:
Complete Address:	

Cell Phone:	Home Phone:
Name of Spouse:	Spouse Cell Phone:

Names/Ages of their Children:	
Is this child deceased?	If so, what is their date of death:



#### **Health Care Proxy\*:**

### Click here for a video to learn about the Health Care Proxy

Naming a proxy here means that this individual will be the one to speak to a care provider on your behalf, should you be unable to.

You need to name one (1), but can have up to four (4) agents.

\*If you are naming someone that is NOT listed in any of the prior information you have provided, <u>please include their addresses and phone numbers.</u>

Agent 1:	
Relationship:	
First Name:	Middle Initial:
Last Name:	
Agent 2: (in case Agent 1 cannot serv	ve)
Relationship:	
First Name:	Middle Initial:
Last Name:	
Agent 3: (in case Agent 2 cannot serv	ve)
Relationship:	
First Name:	Middle Initial:
Last Name:	
Agent 4: (in case Agent 3 cannot serv	ve)
Relationship:	
First Name:	Middle Initial:
Last Name:	



#### **Advance Directive:**

Last Name:

#### Click here for a video to learn about the Advance Directive

If your Health Care Proxy determines, after consultation with your physicians, that you

are in a terminal state, or permanent vegetative state and there is no reasonable expectation of your recovery, do you want to be allowed to die a natural death and your life not be prolonged by extraordinary measures? Check one: Yes No • If yes, do you wish to have plenty of pain medicine to keep you comfortable? Check one: Yes No **HIPAA:** Click here for a video to learn about HIPAA This document allows your Health Care Proxy to have access to your medical records. We have all the information we need for this form and will include it in your package. The Disposition of your Remains: Please list the agents that would be in charge of the disposition of your remains? Same agents as your Health Care Proxy? Check one: Yes No If no, list the agents below: Agent 1: Middle Initial: First Name: Last Name: **Agent 2:** (in case Agent 2 cannot serve) Middle Initial: First Name:



### **Durable Power of Attorney\*:**

#### Click here for a video to learn about the Durable Power of Attorney

Naming an agent here means that this individual will be the one to sign for you should you become unable to know what you are signing.

You need to name one (1), but can have up to four (4) agents.

\*If you are naming someone that is NOT listed in any of the prior information you have provided, <u>please include their phone numbers.</u>

Agent 1:		
Relationship:		
First Name:	Middle Initial:	
Last Name:		
Agent 2: (in case Agent 1 cannot serv	re)	
Relationship:		
First Name:	Middle Initial:	
Last Name:		
Agent 3: (in case Agent 2 cannot serv	ve)	
Relationship:		
First Name:	Middle Initial:	
Last Name:		
Agent 4: (in case Agent 3 cannot serv	ve)	
Relationship:		
First Name:	Middle Initial:	
Last Name:		
·		



#### Will:

### Click here to learn about a Will

• I give my TANGIBLE PERSONAL PROPERTY (i.e. jewelry, heirlooms, collectibles, furniture, automobiles, etc.) to:

First Name:	Middle Initial:	
Last Name:		
First Name:	Middle Initial:	
Last Name:		
First Name:	Middle Initial:	
Last Name:		
• I give my REAL ESTATE to:		
	1	
First Name:	Middle Initial:	
Last Name:		
Address of REAL ESTATE:		
Mailing Address:		
Street address (if different):		
City:	Zip Code:	
State:	County:	
Estimated Value:		



• I give MY MONEY to:

First Name:	Middle Initial:
Last Name:	Middle Ilitiai.
Last Name:	
First Name:	Middle Initial:
Last Name:	
First Name:	Middle Initial:
Last Name:	
<ul> <li>An EXECUTOR is the person in ch money and property to your name.</li> </ul>	arge of paying your final bills and giving your d beneficiaries.
Executor 1:	
First Name:	Middle Initial:
Last Name:	
Executor 2: (in case Executor 1 cann	ot serve)
First Name:	Middle Initial:
Last Name:	
<ul> <li>Please list the names of any BENE explaining the diagnosis and/or sit</li> </ul>	FICIARIES WITH SPECIAL NEEDS, briefly tuation:
First Name:	Middle Initial:
Last Name:	
Special Needs:	



List any STEPCHILDREN who you wish to name as a beneficiary: Middle Initial: First Name: Last Name: Middle Initial: First Name: Last Name: Please list any DISINHERITED CHILDREN: First Name: Middle Initial: Last Name: Middle Initial: First Name: Last Name: For each child that may be disinherited, do you wish to also DISINHERIT that child's children (your grandchildren)? No GUARDIANS OF MINOR CHILDREN (under the age of 18) I nominate the following person WHO WILL LIVE WITH MY CHILD(REN) upon my death, or disability, if I am unable to care for my child(ren): Guardian 1: Middle Initial: First Name: Last Name: Guardian 2: (in case Gaurdian 1 cannot serve) Middle Initial: First Name: Last Name:



I nominate the following person WHO WILL MANAGE MY CHILD'S PROPERTY AND MONEY upon my death, or disability, if I am unable to care for my child:

Agent 1:	1	
First Name:	Middle Initial:	
Last Name:		
Agent 2: (in case Agent 1 cannot serve)		
First Name:	Middle Initial:	

## **Monthly Income:**

Last Name:

List each source (eg. Salary, social security, pension, etc.) and amount.

	You	Spouse	Total
Wages	\$	\$	\$
Social Security	\$	\$	\$
Pension	\$	\$	\$
Interest/Dividends	\$	\$	\$

#### The Homestead:

#### Click here to learn about having a Homestead

For those who own a principal residence in Massachusetts, this document protects the equity in your home from judgment creditors, even if there is a mortgage on the home.

Name on Deed:		
Town:		



### **List of Assets:**

• HOME:				
If you own your own home, list the tax as	sessed value or appraised value.			
Property Address:				
Name of Owner(s):				
Value:	Mortgage Payoff Amount:			
The value you provided is (check one	): $\square$ Tax Assessed $\square$ Appraised			
• OTHER REAL ESTATE:				
Please list each additional property:				
Property Address:				
Name of Owner(s):				
Value:	Mortgage Payoff Amount:			
The value you provided is (check one	): $\square$ Tax Assessed $\square$ Appraised			
Property Address:				
Name of Owner(s):				
Value:	Mortgage Payoff Amount:			
The value you provided is (check one	): 🗆 Tax Assessed 🗆 Appraised			
Property Address:				
Name of Owner(s):				
Value:	Mortgage Payoff Amount:			
The value you provided is (check one	): $\square$ Tax Assessed $\square$ Appraised			



#### **List of Assets\*:**

Please list each of your assets.

Also identify the name(s) on the asset, and if held individually or jointly (example: "Joint w/brother, Dan").

Assets can include: bank accounts; retirement accounts; life insurance policy; stocks/bonds/mutual funds; annuities etc.

Type of Asset	Name of Institution	Name(s) on Account	Individual or Joint (if Joint, list with whom)	Current Value	Beneficieries listed, in order	If bank account, is it payable upon death?

<sup>\*</sup>If you have additional assets, or would like more room, please feel free to provide the requested information for each asset on the last page.



## **Additional Information:**

If you need to add any additional information, please add it here:		