



DAVID LEE WELLS LAW OFFICE

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Phone: 816-842-2171 · Fax: 816-842-2173

WILL INTAKE SHEET

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you. If Mr. Wells is not available please leave detailed questions with the staff in order to obtain a response. Staff cannot give legal advice.**

DATE: _____ NEW CLIENT PRESENT CLIENT EXISTING WILL?: Yes No
HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____
NAME: _____ **ADDRESS:** _____
SSN: _____ DOB: _____ WHERE WERE YOU BORN? _____ U.S. Citizen? Yes No
SPOUSE: _____ WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
EMPLOYER: _____ **ADDRESS:** _____

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

CELL PHONE: () _____ HOME PHONE: () _____
BUSINESS PHONE: () _____ FAX LINE:() _____
EMAIL: _____ EMERGENCY CONTACT: _____

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

Children

NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

Children from prior marriage:

NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No
NAME: _____ DOB: _____
WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

Other dependents: (Parents, grandchildren, etc.)

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

NAME: _____ DOB: _____

WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

ASSETS

	Name & Number	Value	J/H/W
Real Estate & Location			
Savings Account			
Checking Account			
C.D.			
Money Market Account			
Mutual Funds			
Stock/Bonds			
IRA/Keogh/TSA			
Pension Plan Profit Sharing			
Other Tax Shelters			
Business Interests			
Other Property			
Funeral/Burial Provisions			
	Total Value of Assets	\$	

LIABILITIES

Mortgage \$ _____ Credit Cards \$ _____
 Auto \$ _____ Notes \$ _____
 Other \$ _____

Total Value of Liabilities \$ _____

Assets \$ _____ (-) **Liabilities** \$ _____ (=) **Net Worth** \$ _____

LIFE INSURANCE

	Name of Co	Beneficiary	Policy Number	Amount
h/w Group				\$
Individual				\$
			TOTAL	\$

Anticipated Inheritance\$ _____

Value of Estate at Death (Net Worth + Insurance) \$ _____

Personal Representative (entering of will, please be sure to provide a complete address, and telephone number)

1ST _____

Address: _____

Telephone Number: _____

2ND _____

Address: _____

Telephone Number: _____

3RD _____

Address: _____

Telephone Number: _____

Guardian for Minor Children:

1ST _____

Address: _____

Telephone Number: _____

2ND _____

Address: _____

Telephone Number: _____

FILE DESTRUCTION POLICY: The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) month after the file is closed.

I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE _____ **DATE** _____

SIGNATURE _____ **DATE** _____

DO NOT WRITE BEYOND THIS POINT - ATTORNEY USE ONLY

ATTORNEY WORKSHEET

Disp. with Admin. _____ Declaration of Life Support _____

Organ Donation _____

Estate Divided: Trust _____ Charity _____

Specific Bequest: List _____ Other _____

Remainder to Spouse _____

If Spouse deceased then divide:

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

_____ % To _____

Address _____

Telephone Number: _____

Safety Deposit Box _____ will be kept at _____

Additional Notes: _____

Date Prepared: _____ Fee: _____

Date of Execution: _____ Notary _____

Witnesses: _____

FEE ARRANGEMENT

Will - \$ _____

Beneficiary Deed - \$ _____

Power of Attorney - \$ _____

Living Will - \$ _____

Trust - \$ _____

Per hour \$ _____

FILES

_____ **Open New File**

_____ **Include in Existing file**

_____ **Annual MISC File**

NON-EMPLOYMENT:

David Lee Wells will do nothing in this matter. He has told me to see another attorney.

DATE: _____

SIGNATURE: _____