

DAVID LEE WELLS LAW OFFICE

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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.

TYPE OF MATTER(S)

WILL

POWER OF ATTORNEY

TRUST

BENEFICIARY DEED

LIVING WILL

SPECIAL BEQUESTS

QUESTION(S) FOR ATTORNEY: _____

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(s):

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 _____ 2nd _____

Address: _____ Address: _____

Phone: _____ Phone: _____

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. After one (1) year, unless you instruct my office 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 _____

FEE ARRANGEMENT

Will - \$ _____

Beneficiary Deed - \$ _____

Living Will - \$ _____

Power of Attorney - \$ _____

Trust - \$ _____

Per hour \$ _____

FILES

_____ **Open New File** _____ **Include in Existing file** _____ **Annual MISC File**

Date Prepared: _____

Fee: _____

Date of Execution: _____

Notary: _____

Witness: _____

Witness: _____

NON-EMPLOYMENT:

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

DATE: _____

SIGNATURE: _____

