

Answering these questions will help you think through how you want your property to be distributed when you die, and your answers will give us the information we need to write your Will.

Responses must be accurate and verifiable. Answer every question; do not leave blanks. If a question does not apply to your situation, please write 'N/A'. **We cannot proceed with your case without the information and documents requested.** If you have additional information not requested that might be useful, or if you do not have sufficient room to include all information, please use Section 12 of this application and/or additional sheets of paper to elaborate.

Please complete this form and provide the requested documents to intake@probono-no.org or by mail or in person to 935 Gravier Street, Suite 1340, New Orleans, Louisiana 70112. Southshore residents can call (504) 581-4043 for further assistance.

St. Tammany or Washington Parish applicants may send the requested documents to krichard@probono-no.org or 810 N. Columbia Street, Suite A, Covington, LA 70433. Northshore residents can call (985) 236-1384 for further assistance.

1. CLIENT			
<i>Please provide first, middle, maiden, and last as it appears on your driver's license/Social Security card as well as any other names you've gone by in the past.</i>			
Your Full Legal Name			
<i>Parish of Residence</i>			
<i>Date of Birth</i>	____/____/____	<i>SSN (Last 4)</i>	_____
<i>Marital Status</i>	<input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced, not re-married <input type="checkbox"/> Divorced, re-married <input type="checkbox"/> Widowed, not re-married <input type="checkbox"/> Widowed, re-married		
2. YOUR CURRENT SPOUSE			
<i>If you do not have a current spouse, write "N/A". Complete this section even if you and your spouse are currently separated.</i>			
Spouse's Full Legal Name			
<i>Date of Birth</i>	____/____/____	<i>SSN (Last 4)</i>	_____
<i>Pre-Nuptial/Marital Agreement</i>	If you are now married, or if you are now separated but not divorced, do you have a written prenuptial/marital agreement? <input type="checkbox"/> YES (<i>please provide</i>) <input type="checkbox"/> NO <input type="checkbox"/> N/A		

3. YOUR PRIOR SPOUSES <i>If you do not have prior spouses, write 'N/A'.</i>			
1st Prior Spouse's Full Name			
<i>How did the marriage end?</i>	<input type="checkbox"/> Death (Date): ____/____/____ In what Parish?: _____ <input type="checkbox"/> Divorce (Date): ____/____/____ In what Parish?: _____		
2nd Prior Spouse's Full Name			
<i>How did the marriage end?</i>	<input type="checkbox"/> Death (Date): ____/____/____ In what Parish?: _____ <input type="checkbox"/> Divorce (Date): ____/____/____ In what Parish?: _____		
3rd Prior Spouse's Full Name			
<i>How did the marriage end?</i>	<input type="checkbox"/> Death (Date): ____/____/____ In what Parish?: _____ <input type="checkbox"/> Divorce (Date): ____/____/____ In what Parish?: _____		
4. YOUR CHILDREN <i>If you do not have children, write 'N/A'. You must include all children, including those you wish to disinherit. If a child is deceased, please provide date of death, and list their children's names and dates of birth:</i>			
1st Child's Full Name			
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (if applies):</i>	____/____/____
<i>Is this child disabled and unable to take care of him/herself independently?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____	<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If deceased, list the child's children and their dates of birth here (if applies):</i>	_____ _____		

4. YOUR CHILDREN (cont.)

*If you do not have children, write 'N/A'. You **must** include all children, including those you wish to disinherit. If a child is deceased, please provide date of death, and list their children's names and dates of birth:*

2nd Child's Full Name			
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (If applies):</i>	____/____/____
<i>Is this child disabled and unable to take care of him/herself independently?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____	<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If deceased, list the child's children and their dates of birth here (if applies):</i>	_____ _____		
3rd Child's Full Name			
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (If applies):</i>	____/____/____
<i>Is this child disabled and unable to take care of him/herself independently?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____	<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If deceased, list the child's children and their dates of birth here (if applies):</i>	_____ _____		
4th Child's Full Name			
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (If applies):</i>	____/____/____
<i>Is this child disabled and unable to take care of him/herself independently?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____	<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. YOUR CHILDREN (cont.)

*If you do not have children, write 'N/A'. You **must** include all children, including those you wish to disinherit. If a child is deceased, please provide date of death, and list their children's names and dates of birth:*

<i>If deceased, list the child's children and their dates of birth here (if applies):</i>	_____			_____		
5th Child's Full Name						
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (If applies):</i>	____/____/____			
<i>Is this child disabled and unable to take care of him/herself independently?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____		<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If deceased, list the child's children here (if applies):</i>	_____					
6th Child's Full Name						
<i>Date of Birth:</i>	____/____/____	<i>Date of Death (If applies):</i>	____/____/____			
<i>Is this child disabled and unable to take care of him/herself?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what disability?: _____ _____		<i>Is this the biological/adopted child of your current spouse?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>If deceased, list the child's children and their dates of birth here (if applies):</i>	_____					

5. HEIRS AND GUARDIANSHIP <i>If these questions are not relevant, please write 'N/A'.</i>			
<i>Are you the legal guardian/tutor to any minors who are not your biological/adopted children?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list along with your relation to them: _____ _____		
Guardian/Tutor for Minor Children	<i>If you have minor children (less than 18 years old), you will want to select someone to look after your children and their money if something happens to both you and your spouse. Usually, it is recommended that you choose an individual (not a married couple) to avoid confusion in the event of a divorce.</i>		
<i>Name of 1st Choice for Minor Guardian</i>		<i>Date of Birth</i>	_____ / _____ / _____
<i>Name of 2nd Choice for Minor Guardian</i>		<i>Date of Birth</i>	_____ / _____ / _____
Disinheriting a Forced Heir	<i>Forced Heirs are descendants who are under the age of 24 or who are disabled and unable to care for themselves. In Louisiana, a forced heir can only be disinherited by a parent or grandparent under certain circumstances. The attorney who writes your will can explain more about disinheritance and can tell you whether you can legally disinherit your child or grandchild.</i>		
<i>Do you intend to disinherit a forced heir?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Please list the heirs you wish to disinherit:</i>	_____ _____
6. PERSONAL REPRESENTATIVE (EXECUTOR/EXECUTRIX)			
Who will be responsible to take your will to the attorney when you die and work with the attorney to ensure your estate is administered according to your wishes? Choose someone who you believe is <u>willing and able</u> to handle the job. You should inform that person that you are choosing them as your executor.			
Name of 1st Choice		<i>Relationship to You</i>	
Name of 2nd Choice		<i>Relationship to You</i>	

7. YOUR WILL				
Why are you seeking a will at this time?	_____			
<i>Have you signed a Will before?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Did you register your Will in the courthouse or with the Secretary of State?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, where and when?</i> _____
8. REAL PROPERTY <i>If the question does not apply, write 'N/A'.</i>				
Do you own a home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please provide the address (including parish and zip code):</i>	_____	
<i>Is this home owned jointly with anyone else?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, list all co-owners:</i>	_____	
Do you own any other real estate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please provide the address(es) (including parish and zip code):</i>	_____	
<i>Is this property owned jointly with anyone else?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, list all co-owners:</i>	_____	
Do you own any cars or other vehicles (including boats, RVS, etc..)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, give a general description of each vehicle:</i>	_____	
9. OTHER INFORMATION <i>If the question does not apply, write 'N/A'.</i>				
Do you own a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Where is the safety deposit box located?</i>	_____	
<i>Are there any joint owners of the safety deposit box? List them here:</i>	_____			

10. SPECIFIC BEQUESTS

Use this section to list any items that should go to one heir over the others, or items going to any other family member, friend, etc. You do not need to list every item you own, only those special items (if any) that you want to leave to specific people in your life. This could include pets, jewelry, family heirlooms, antiques, art, or anything else of value or with special significance to you. If you leave a pet to someone, you may wish to consider also leaving that person a specific bequest of cash to care for the pet.

Item	Recipient

11. RESIDUAL ESTATE

After the specific bequests are made, who all do you want to leave the rest of your estate to, and in what percentages?

11. RESIDUAL ESTATE (cont.)

<p><i>If anyone to whom you want to leave something dies before you, do you want to leave something to another individual or organization (such as a church, a school, a charity, a political organization, etc.)?</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>If yes, list the individuals or organizations here:</i></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><i>Do you want your remains to be cremated?</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><i>If you want a particular person to oversee your funeral arrangements, name that person:</i></p>	<hr/>

12. ADDITIONAL INFORMATION

Use this section to document any family members, bequests, and assets you did not have room for on the prior pages. If you need more room than this, feel free to attach additional sheets of paper to the questionnaire, write on the back, or list them in a supplemental email to intake@probono-no.org.