

Last Will & Testament Interview Sheet

Name: _____
First Middle Last

Address: _____ Male ☐ Female ☐
City/St/Zip: _____ Maiden Name: _____
Telephone (H): _____ Your Date of Birth: _____
Telephone(W): _____ English ☐ Spanish ☐ Other ☐ _____

Spouse's Name: _____
First Middle Last

Name, address, and telephone number of friend or relative not living with you: _____

Names and dates of birth of all children of this marriage:

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Previous marriage(s)? ☐ Yes ☐ No
If YES, please give name and address of your former spouse: _____

Children of previous marriage(s)? ☐ Yes ☐ No
If YES, please give names and dates of birth for each:

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

Do you want to omit your former spouse from your Will? ☐ Yes ☐ No
Please give the name and address of your Executor/Executrix: _____

Name and address of substitute Executor/Executrix in the event that originally designated Executor/Executrix cannot act in this capacity: _____

Do you own any real estate? ☐ Yes ☐ No
If YES, please give address of each such property: _____

How do you own this real estate (tenancy): _____

Beneficiary(ies) - please give name(s), address(es), and indicate relationship(s):

How do you want your property divided?

In the event that the above person(s) is/are deceased or unable to receive the property, how should this property be divided?

If your children are under the age of eighteen (18), please give the name(s) and address(es) of the guardian(s) of these minor children:

Life Insurance:		Company:	
Beneficiary(ies):			

Is/are there any person(s) whom you would like to specifically omit from this Will? ☐ Yes ☐ No

If YES, please give name(s) and address(es):

Are there any specific instructions?

FOR OFFICE USE ONLY

Date of Interview:

By:

Source of Referral: ☐ Yellow Pages

☐ Other:

RON BONIN LAW
1070 Reservoir Avenue
Cranston, RI 02910
(401)943-5500