SIMPLE WILL CHECKLIST

1.	Husband's Name:				
2.	Date of Birth:				
3.	Social Security No (wait to complete SS# at time of formal signing of Will):				
4.	Citizen:	Yes No			
5.	Home Address:				
6.	County:	Township: Borough:			
7.	Telephone	H: W: C:			
8.	Wife's Name:				
9.	Wife's Date of Birth:				
10.	Wife's Social Security No (wait to complete SS# at time of formal signing of Will):				
11.	Citizen:	Yes No			
12.	Wife's Telephone H: W: C:				
13.	Do you maintain homes in two or more states?				
14.	Marital Statu	Marital Status:			
		DISPOSITION OF PROBATE ESTATE			
15.	Do you wan shares?	t everything to spouse but if spouse does not survive then to children in equal			
	If yes	s skip to			
	If no	go to #16.			

16.	<u>SPECIFIC</u> (cash or in kind) <u>BEQUESTS</u> - Would you like to make any specific cash or in kind bequests (i.e., "I give \$500 to my friend, Tom Smith, if he survives me" or "I give my antique clock to my friend, John Doe, if he survives me")?					
	A.	A. <u>RESIDUE -</u> Normally, your spouse is the beneficiary of your residuance (Example: Any property passing under your Will but not specifically be others). Do you want your spouse to be your residuary beneficiary?				
		Yes	No			
	IF NC	IF NO, PLEASE EXPLAIN:				
17.	<u>CHOICE OF EXECUTOR</u> - Initial Executor would normally be surviving spouse. Is this your desired choice for initial Executor in this case?					
		Yes	No			
		ccessor Executor in the event the initial or, if you want a Successor Executor in to serve, please complete Successor				
		Initial Executor		Successor Executor		
		Name:		Name:		
		Address:		Address:		

-	Do you want your children (including adopted and step children) to share equally in you estate?						
	Yes	No					
If no, 6	explain:						
A.		OVISIONS FOR CH which are adopted):	<u>IILDREN</u> - Born to or ac	dopted by Husband			
Name:	:	DOB/Age:	Marital status:	Grandchild:			
Name:		children by prior ma DOB/Age:	rriage/relationship: Marital status:	Grandchild:			
	2) Wife's child	dren by prior marriaş	ge/relationship:				
Name:	:	DOB/Age:	Marital status:	Grandchild:			
	y of the children to be nce? Please describ		ave a disability? Does h	e or she receive any			

19. <u>CHOICE OF GUARDIAN OF PERSON AND GUARDIAN OF ESTATE (FOR MINORS)</u>

Whom do you trust the most to take the responsibility for the physical well-being of

A.

1)

2)

3)

your minor children? That is, who would you like to see your minor children live with in the event that both you and your spouse pass away? This is called Guardian of Person. Please list names of person(s) to act as Guardian of Person of your minor children in order of priority (if more than one named) (make sure person(s) is/are willing to serve as Guardian of Person): Address: Name: 1) 2) 3) B. The person designated as Guardian of your children's well-being (also referred to as "Guardian of the Person") can, but need not, be the same person or persons who are responsible for taking care of your children's property while your children are minors. Do you want the same person who is Guardian of your children's well-being (Guardian of Person) to be the same person designated as Guardian of your children's property (also referred to as "Guardian of the Estate")?' Yes ____ No ____

If no, Please list name(s) of person(s)/entity(ies) to act as Guardian of Property of your minor children in order of priority (if more than one named) (make sure person(s) is/are willing to serve as Guardian of Property):

Name:	Address:

NOTICE TO SENDER

This checklist contains confidential and privileged material for the sole use of the intended recipient, GETTLE & VELTRI, Attorneys. The checklist may be transmitted to Gettle & Veltri as follows:

Hand-delivered or mailed to:

(Insert name of attorney)
Gettle & Veltri
13 E. Market Street
York PA 17401

FAX to attention of intended attorney at Gettle & Veltri:

717-848-1603

or emailed* to intended Attorney at Gettle & Veltri:

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