

**REGINALD D. HICKS, P.A.**  
**MACEDONIA MISSIONARY BAPTIST CHURCH**  
**Will  CLIENT INTERVIEW SHEET AND CHECKLIST**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ AKA \_\_\_\_\_ SS# (H) \_\_\_\_ -- \_\_\_\_  
 Name: \_\_\_\_\_ AKA \_\_\_\_\_ SS# (W) \_\_\_\_ -- \_\_\_\_  
 Phone: H-cell \_\_\_\_\_ H-other \_\_\_\_\_ W-cell \_\_\_\_\_ W-other \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Church Membership No.: \_\_\_\_\_  
 Intestate heirs: \_\_\_\_\_

Marital status: \_\_\_\_\_ Date \_\_\_\_\_ Spouse: \_\_\_\_\_

**ALERT!!! Does Client have: Estranged children or close family or unusual dispositions? \_\_\_\_\_ !!!**  
**Children from prior marriage: H \_\_\_\_\_ W \_\_\_\_\_ !!! Anyone likely to challenge will/trust? \_\_\_\_\_ !!!**  
**Minor child \_\_\_\_\_ !!! Is the client \_\_\_\_\_ or are any beneficiaries NON-US CITIZENS? \_\_\_\_\_ !!!**

Current marriage nuptial agreement? \_\_\_\_\_ Divorce Final Judgment with post-death obligations? \_\_\_\_\_

Florida residence established \_\_\_\_\_ FL Homestead tax exemption **Y or N** Assets abroad? \_\_\_\_\_

Predeceased children H or W? \_\_\_\_\_ H or W medical issues: \_\_\_\_\_

Has the client (while married) been a resident of AZ, CA, ID, LA, NV, NM, TX, WA, WI? \_\_\_\_\_

**BENEFICIARIES/ PERSONS TO BE LISTED IN WILL**

**Person 1**, Name: (Full) \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Person 2**, Name: (Full) \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Person 3**, Name: \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

\_\_\_\_\_

**Person 4, Name:** \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Person 5, Name:** \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Person 6, Name:** \_\_\_\_\_ (Use) \_\_\_\_\_

- Birthdate if minor: \_\_\_\_\_ Married: \_\_\_\_\_ Children: \_\_\_\_\_
- my (relationship or friend) \_\_\_\_\_ spouse's name \_\_\_\_\_
- street address: \_\_\_\_\_
- apartment number or second line: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Last resort beneficiary** (charity, etc.)—If charity, be CERTAIN you have the correct name— §501(c)(3) Org? **Y or N?**

- Exact legal name: \_\_\_\_\_ EIN \_\_\_\_\_
- street address: \_\_\_\_\_
- street address: \_\_\_\_\_
- city, state and zip code: \_\_\_\_\_

**Name of P.R.:** \_\_\_\_\_ Alternate: \_\_\_\_\_

**Name of Trustee:** \_\_\_\_\_ Alternate: \_\_\_\_\_

PR compensation:  NO or  Under F.S. 733.617 or  Other \_\_\_\_\_

Independent Trustee Compensation.  YES or  NO — Trustee-bene comp:  NO or  the same as any non-beneficiary individual trustee or  as follows: \_\_\_\_\_

**Guardian** for minor children F.S. 744.312(3)(c)(list name/address above): \_\_\_\_\_

**Presumed order of death:** Husband  survives or  predeceases

**Asset Values:** H \$ \_\_\_\_\_ J (1/2) \$ \_\_\_\_\_ Beneficiary designated \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

W \$ \_\_\_\_\_ J (1/2) \$ \_\_\_\_\_ Beneficiary designated \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Bene desig description/value/name \_\_\_\_\_

Bene desig description/value/name \_\_\_\_\_

Bene desig description/value/name \_\_\_\_\_

How is **homestead** owned? \_\_\_\_\_ Interest in existing Trusts ( POA?) describe: \_\_\_\_\_

**IRA or 401K(H)** value \$ \_\_\_\_\_ custodian/trustee \_\_\_\_\_  
 in pay status? \_\_\_\_\_ Primary/secondary beneficiary+ age \_\_\_\_\_  
 Elections: (eg. Recalc. of min. distribution) \_\_\_\_\_  
 (W) value \_\_\_\_\_ custodian/trustee \_\_\_\_\_  
 in pay status? \_\_\_\_\_ Primary/secondary beneficiary + age \_\_\_\_\_  
 Elections: (eg. Recalc. of min. distribution) \_\_\_\_\_

**Assets:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Significant Liabilities:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was use of a revocable trust discussed? \_\_\_\_\_ Did clients choose RLT? \_\_\_\_\_

**Clause Selection** (explain to client)

**Separate Writing (give client a copy of explanation/instruction sheet)**

**Devise of Furniture** etc. to: \_\_\_\_\_

**Specific Devises:**(In Trust \_\_\_\_\_ in Will \_\_\_\_\_ in Both \_\_\_\_\_)

- 1. \_\_\_\_\_  Only if spouse predeceases
- 2. \_\_\_\_\_  Only if spouse predeceases
- 3. \_\_\_\_\_  Only if spouse predeceases

**General or Demonstrative Devises:** (In Trust \_\_\_\_\_ in Will \_\_\_\_\_ in Both \_\_\_\_\_)

- 1. \_\_\_\_\_  From last to survive only
- 2. \_\_\_\_\_  From last to survive only
- 3. \_\_\_\_\_  From last to survive only

**Non-Marital Residuary:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

— or —

**Marital Residuary:** — Presumption of Survival - Wife  survives) predeceases

Residue outright to spouse

— or — (TRU is Total Return Unitrust)

Residue in trust for spouse

Pay spouse  all income or TRU \_\_\_\_% or sprinkle income to spouse and \_\_\_\_\_

principal encroachment to maintain standard of living consider spouse's other assets? yes \_\_\_\_\_ no \_\_\_\_\_

Terminates: Spouse's death  or Other  \_\_\_\_\_

On termination give spouse limited Power of Appointment to descendants of:  Settlor/testator  other \_\_\_\_\_

In default of exercise of POA, remainder paid over to \_\_\_\_\_

other provisions: \_\_\_\_\_

**Standby Minor's Trust** - education and maintenance. Single fund (pot trust) \_\_\_\_\_ Separate shares \_\_\_\_\_  
Income at age \_\_\_\_\_ Termination at \_\_\_\_\_ Spendthrift \_\_\_\_\_ TRU % \_\_\_\_\_  
Other provisions \_\_\_\_\_

**Adult's Trust** - beneficiaries \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Sprinkle Income among \_\_\_\_\_  
TRU \_\_\_\_\_% Spendthrift provision . Other provisions \_\_\_\_\_  
Standard of Living principal encroachment Y or N Consider beneficiary's other assets before encroachment Y or N  
Special POA in favor of \_\_\_\_\_  
Termination at  age or ages \_\_\_\_\_  Death of beneficiary Distribution to \_\_\_\_\_

**Trustee of Standby or Adult Trust** - Initial \_\_\_\_\_ Successor: \_\_\_\_\_  
Other Devise(s): \_\_\_\_\_

30 day survival required  
Compensating adjustment for joint, trust, insurance, pension, etc.  
Bond waived \_\_\_\_\_ required \_\_\_\_\_

### Other Documents To Be Prepared

Durable Power of Attorney: \_\_\_\_\_ and \_\_\_\_\_  both  either  successor

Nomination of Preneed Guardian (for adult): \_\_\_\_\_ Second \_\_\_\_\_  
 both  successor \_\_\_\_\_ phone number(s) \_\_\_\_\_

Nomination of Preneed Guardian (for minor): \_\_\_\_\_ Second \_\_\_\_\_  
 both  successor \_\_\_\_\_ phone number(s) \_\_\_\_\_

Living Will, consent by: \_\_\_\_\_ phone number(s) \_\_\_\_\_  
 both  either  successor \_\_\_\_\_ phone number(s) \_\_\_\_\_

Health Care Surrogate: \_\_\_\_\_ phone number(s) \_\_\_\_\_  
 both  either  successor \_\_\_\_\_ phone number(s) \_\_\_\_\_

Medicare # H \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ W \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Comments

(Continue on reverse side)

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