

WILL CHECKLIST

In order for us to better serve you we would appreciate it if you could fill in the information requested in this form which will assist us in drafting your Costa Rican Will.

I. PERSONAL INFORMATION

1. Husband's Name:

2. Identification Document:

Id#:

3. Date of Birth:

4. Wife's Name:

5. Identification Document:

Id#:

6. Date of Birth:

7. Child's Name:

Date of Birth:

Passport Number:

Place of Birth:

Child's Name:

Date of Birth:

Passport Number:

Place of Birth:

Child's Name:

Date of Birth:

Passport Number:

Place of Birth:

8. Client's Home Address:

City:

Country:

9. Telephone: Home:

Work:

Fax:

Cell:

E-mail:

10. Do You have a home or residence in another Country other than the one indicated above:

If so. Please indicate where:

11. Is this Husband's First Marriage Yes ☐ or No ☐

12. Is this Wife's First Marriage Yes ☐ or No ☐

II. DISPOSITION OF PROBATE ESTATE

A. Please indicate if:

My intention is for this will to be used ONLY in Costa Rica and hence limited to Costa Rican matters and assets.

☐

OR

My intention is for this will to REVOKE ALL PRIOR WILLS regardless of where they were executed.

☐

B. Beneficiaries of the Estate:

1. At your death please indicate below the intended beneficiaries of the Estate and the manner of distribution.

Beneficiary Name:

Identification Number:

Address:

<p>Beneficiary Name:</p> <p>PETERSEN – PHILIPS</p> <p>Identification Number:</p> <p>Address:</p> <p>www.plawcr.com</p> <p>Beneficiary Name:</p>

Identification Number

Address:

2. Please indicate the percentage share for each of the intended beneficiaries to the estate:

C. EXECUTOR OF THE ESTATE:

Please indicate the Executor who will be the Personal Representative appointed by you to carry out the directions and requests of your Will. At least one alternative should be included in your Will in the event your first choice cannot carry out your wishes.

Executor: Surviving Spouse First, THEN

Name:

Relationship:

Identification Document and Number:

PETERSEN – PHILIPS		
Street Address:		
City:	State/ Country:	Zip:
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ALTERNATE EXECUTOR		

Name:

Relationship:

Identification Document and Number:

Street Address:

City:

State/ Country:

Zip:

III. MINOR CHILDREN INFORMATION

1. Indicate Children BORN to or Adopted by HUSBAND AND WIFE:

Name of Child

Age

Id#

Place of Birth

PETERSEN – PHILIPS

2. Indicate Husband's Children by Prior Marriage:

Name of Child

Age

Id#

Place of Birth

3. Indicate Wife's Children by Prior Marriage:

Name of Child

Age

Id#

Place of Birth

A. GUARDIAN. The person you choose is charged with the duty of taking care of your minor children. The Guardian should be chosen for the purpose of providing a home life consistent with home life of the children enjoyed while parents were alive.

Name:

Relationship:

Identification Document and Number:

Street Address:

PETERSEN - PHILIPS

City:

State/ Country:

Zip:

ALTERNATE GUARDIAN(S)

www.plawcr.com

Name:

Relationship:

Identification Document and Number:

Street Address:

City:

State/ Country:

Zip:

IV. OTHER RELEVANT INFORMATION

- A. Please indicate here any other information you feel we need to know regarding the drafting of your will:

PETERSEN – PHILIPS

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