

## Will Questionnaire

Thank you for retaining our office for completion of your Wills, Healthcare Proxies, Living Wills and/or Powers of Attorney. We look forward to completing the above documents to ensure that your estate, family and personal wishes are taken into account prior to your death.

**Instructions:** Please complete this questionnaire to the best of your ability and knowledge. Your answers do not need to be typed, however, please write legibly. It is important that all names contained herein are spelled correctly and that the information provided is accurate.

If you are unable to provide certain information while completing this questionnaire, we request that you forward this information upon receipt at a later date. If a question does not apply to your situation, please insert N/A in the space provided.

### I. DOCUMENTS ALREADY PREPARED

SELF (Y/N)	SPOUSE (Y/N)	DOCUMENTATION
		Do you currently have any existing wills or trusts, including "Living Wills" or "Living Trusts?" <u>Please attach a copy.</u> <b>**NOTE: DO NOT REMOVE STAPLES FROM ORIGINAL WILL DOCUMENT**</b>
		Do you have an existing Power of Attorney/Advance Directive for management of property or health care? <u>Please attach a copy.</u>

### II. GENERAL INFORMATION

#### A. SELF

Full Name (How you sign legal documents/name as it appears on photo ID, i.e. driver's license, passport)	
Current Street Address City, State, Zip Code	
Phone Number (Cell)	
Phone Number (Home)	
Phone Number (Work)	
Email Address	
Do you own your home?	
Do you have any physical or mental disabilities?	
Marital Status	

#### B. SPOUSE (if applicable)

Full Name (How you sign legal documents/ name as it appears on photo ID, i.e. driver's license, passport)	
Current Street Address City, State, Zip Code	

Phone Number (Cell)	
Phone Number (Home)	
Phone Number (Work)	
Email Address	
Do you own your home?	
Do you have any physical or mental disabilities?	
Marital Status	

C. CHILDREN – Self (if applicable)

Name(s)	Age	Current Street Address City, State, Zip Code	Child of current or previous marriage?	Is this child disabled? (Y/N)

D. CHILDREN – Spouse (if applicable)

Name(s)	Age	Current Street Address City, State, Zip Code	Child of current or previous marriage?	Is this child disabled? (Y/N)

E. ADDITIONAL GENERAL INFORMATION

Please provide any additional information you think is necessary.
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III. FINANCIAL INFORMATION

A. ASSETS (Please provide an estimate of the current value of all assets)

Tangible Personal Property*		
Description	Location	Approximate Value

TOTAL VALUE: \$ \_\_\_\_\_

*\*Tangible Personal Property includes furniture, vehicles, jewelry, artwork, etc. Only complete this section if you have tangible personal property that you would like to go to a particular person or if the property is of substantial value (famous artwork, diamonds, etc.)*

Real Estate			
Description (Residence/Investment Property)	Address (Street, City, State, Zip)	Name(s) on Deed	Approximate Value

TOTAL VALUE: \$ \_\_\_\_\_

Bank Accounts				
Financial Institution	Name(s) on Account	Payable on Death (POD)? (Y/N)	If POD, Named Beneficiary	Approximate Balance

TOTAL VALUE: \$ \_\_\_\_\_

Business Interests		
Name of Owner	Description (Partnership, LLC, Corporation, etc.)	Approximate Market Value

TOTAL VALUE: \$ \_\_\_\_\_

Other Assets			
Description	Location (if applicable)	Name(s) of Owner(s)	Approximate Value

TOTAL VALUE: \$ \_\_\_\_\_

TOTAL VALUE OF ASSETS     \$ \_\_\_\_\_

B. **LIABILITIES** (Please include all outstanding debts owed by you personally and include estimated amounts owed)

Personal Liabilities			
	Description of Collateral	Creditor(s)	Approximate Total Amount of Liability
Mortgages			
Lien on Personal Property (i.e. auto loans, etc.)			
Unsecured Debts (i.e. credit cards, etc.)			
Other			

TOTAL VALUE: \$ \_\_\_\_\_

C. NET WORTH (Total Assets minus Total Liabilities):     \$ \_\_\_\_\_

IV. DISTRIBUTION OF ESTATE

A. PLEASE SELECT ONE OF THE FOLLOWING DISTRIBUTION SCHEMES:

- I leave everything to my spouse, if my spouse predeceased me to my child(ren).
- I leave everything to my child(ren).
- Other distribution scheme. Please clarify below:

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B. SPECIFIC GIFTS/TRANSFERS

Specific Items of Your Estate You Wish to Transfer Directly to an Individual/Entity			
Name of Beneficiary	Contact Information	Relationship	Specific Bequest

C. TRUST CREATION (OPTIONAL)

Please check if you are interested in formation of a trust:

TRUSTEE	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR TRUSTEE	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR TRUSTEE (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

D. EXECUTOR

Your Executor is the person who will administer your estate and distribute your property to those individuals named in your will. This could be your spouse, a relative, a friend, an adult child and must be a U.S. citizen who has not been convicted of a serious crime.

EXECUTOR	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR EXECUTOR	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR EXECUTOR (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

E. GUARDIAN OF MINOR CHILDREN (if applicable)

If both natural parents are deceased, a legal guardian needs to be appointed for any minor children. Unless the designated guardian is shown to be improper, the Court will usually defer to the parent's nomination of a guardian for his or her child.

GUARDIAN	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR GUARDIAN	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR GUARDIAN (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

V. INCAPACITY PLANNING

A. HEALTHCARE PROXY

This person will make all medical decisions or give consent to medical treatment for you if you are unable to do so.

PRIMARY AGENT (can be spouse)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR AGENT	
Full Name	
Relationship	

Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR AGENT (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

**B. LIVING WILL**

This document allows you to designate your preferences for end of life care in the event that you are in a persistent vegetative state, have a terminal illness when death is imminent, or an end-stage condition.

PRIMARY AGENT (can be spouse)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR AGENT	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR AGENT (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

**C. POWER OF ATTORNEY**

PRIMARY AGENT (can be spouse)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SUCCESSOR AGENT	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	
SECOND SUCCESSOR AGENT (if applicable)	
Full Name	
Relationship	
Phone Number	
Address (Street, City, State, Zip Code)	

**VI. OTHER PERTINENT COMMENTS/QUESTIONS:**

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