

WILL QUESTIONNAIRE

I. PERSONAL INFORMATION

1. Your Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Phone (Cell): _____
Phone (Home): _____
Email: _____
Birth date: _____
Age: _____
Social Security number: _____
U.S. Citizen? Yes [] No []

2. Spouses Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
County: _____
Phone (Cell): _____
Phone (Home): _____
Email: _____
Birth date: _____
Age: _____
Social Security number: _____
Is she/he a U.S. Citizen? Yes [] No []

3. Please list any Children born to you or legally adopted by you by full names and birth dates:

Full Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____ Date of Birth: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

IF YOU HAVE ADDITIONAL CHILDREN, PLEASE SEE PAGE 6

II. OTHER BENEFICIARIES

Please list any person or charity organization that you would like to include in the distribution of your estate.

Full Name/Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Percentage: _____

Full Name/Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Percentage: _____

Full Name/Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Percentage: _____

Full Name/Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Percentage: _____

III. FIDUCIARIES AND RELATED DOCUMENTS

A. **Executor:** The Executor is the person responsible for probating your Will and then distributing the property in the manner directed in your Will. Your Executor’s job is temporary, typically lasting three to six months.

Please list the names and addresses of two close friends or family members.

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

B. **Trustee:** The Trustee’s job is to manage money for another person(s), called the “beneficiary.” It is important that the Trustee be very honest and capable of making good decisions.

Please list the names and addresses of two close friends or family members.

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

C. **Guardians:** Effectively, Guardians act as the “parents” of the children in the event that neither you nor your spouse are alive to raise them. They decide where the children go to school, what clothes they wear, what brand of toothpaste they use, etc.

Please list the names and addresses of two persons (or couples).

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

D. **Statutory Durable Power of Attorney:** A Statutory Durable Power of Attorney is a very potent document. It allows the person you name (called the “Agent”) to do *anything* financially, which you could do yourself. For example, your Agent could buy or sell real estate, open and close bank accounts, buy or sell investments, etc. Your Agent should be someone who is very trustworthy and is capable of making good decisions. Typically couples name their spouse first, but you can name anyone in any order.

Please list the names and addresses an agent or agents.

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number (Cell): _____
Phone Number (Home): _____

Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number (Cell): _____
Phone Number (Home): _____

E. **Durable Health Care Power of Attorney:** Who would you want to make health care decisions for you in the event you could not make your own decisions (e.g. if you were comatose? Typically couples name their spouse first, but you can name anyone in any order.

Please list the names and addresses of an agent or agents.

Full Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Cell): _____

Phone Number (Home): _____

Full Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Cell): _____

Phone Number (Home): _____

F. **Directive to Physicians:** A Directive to Physician is sometimes erroneously called a “Living Will.” This document simply states that if you are hopelessly and incurably ill, you do not wish to be kept alive on life support systems.

1. If two doctors certified that you were hopelessly terminally ill, would you nevertheless want to be kept on a life support system?

Yes: [] No: []

2. If your answer to question 1 is “no,” would you like to sign a document directing your physician not to put you on a life support system to needlessly prolong your life should you become terminally ill?

Yes: [] No: []

G. **Long Term Care:** Long-term care involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time. These services help people live as independently and safely as possible when they can no longer perform everyday activities on their own.

1. Are you planning for long term care?

Yes: [] No: []

IV. **DOCUMENTS TO BRING TO INITIAL CLIENT MEETING (if possible)**

- A. Originals of all prior Wills and Codicils
- B. Copies of any trust documents executed by you and/or your spouse
- C. Any gift tax returns filed by or on behalf of you and/or your spouse

V. ASSETS

Everyone's planning is unique to them. In order for me to provide the best advice regarding your planning, I generally need to have a ballpark estimate of your estate and the type of assets that you own. Please provide your best estimate of the following:

1. Non-retirement Plan Cash and Investments
2. Real Estate
3. Business Interests
4. Life Insurance
5. Retirement plans

VI. MISCELLANEOUS

A. Who is your accountant?

Full Name: _____ Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

B. Who is your financial advisor?

Full Name: _____ Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

C. Who Referred You To This Firm?

Full Name: _____ Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

