

Date: _____

QUESTIONNAIRE FOR THE PREPARATION OF WILLS

This questionnaire covers issues basic to the preparation of most wills. Please answer each question as fully as possible, then bring the completed questionnaire to our conference together with any wills or codicils which you have previously made. At that time we will discuss your intentions and other considerations which apply to your situation.

1. ♦ Your Name: _____
(First Name) (Middle Name) (Last Name)

Any other name(s) by which you are known:

Date of Birth: _____ Social Security Number: _____

2. Your Residence Address: _____
(Number and Street)

(City, State, ZIP Code)

(County)

(Home Phone)

(Work Phone)

3. Name of Employer: _____

Position: _____

4. Your Family Situation: (If you have no current or former spouses and no living or deceased children, check here ___ and proceed to Item 5.)

Current Spouse (if married): _____
(First Name) (Middle Name) (Last Name)

Living Children from
current marriage:

(First Name)

(Middle Name)

(Last Name)

(DOB)

(First Name)

(Middle Name)

(Last Name)

(DOB)

(First Name)

(Middle Name)

(Last Name)

(DOB)

(First Name)

(Middle Name)

(Last Name)

(DOB)

Divorced or legally
separated spouse:

(First Name)

(Middle Name)

(Last Name)

() Divorced, () Separated Date: _____

In: _____
(County and State)

Deceased Spouse:

(First Name) (Middle Name) (Last Name)

Date of Death: _____ Place of Death: _____

Children from former marriage:

(First Name) (Middle Name) (Last Name) (DOB)

(First Name) (Middle Name) (Last Name) (DOB)

(First Name) (Middle Name) (Last Name) (DOB)

Deceased children from current or former marriage:

(First Name) (Middle Name) (Last Name) (DOB)

Date of Death: _____ Place of Death: _____

(First Name) (Middle Name) (Last Name) (DOB)

Date of Death: _____ Place of Death: _____

Domestic Partner:

(First Name) (Middle Name) (Last Name)

Date of Birth: _____

Have you and your partner entered into an agreement concerning the status of your personal property? _____

5. Intended Disposition of Your Property: (For each item, list the intended beneficiary and a successor beneficiary in the event the first intended beneficiary is deceased.)

Specific Items:

All other property not listed above:

6. Joint Property: List all property that you own jointly with another person.

7. Trusts: Are you the beneficiary or trustee of any trusts? If so, please describe:

8. Appointment of Executor: Please list the persons you prefer to be appointed as representative of your estate for the distribution and settlement of your estate, in order of preference:

(Name)	(Address)
(Name)	(Address)
(Name)	(Address)

9. Appointment of Guardian for minor children or legally incapacitated adult children, if any, in order of preference:

(Name)	(Address)
(Name)	(Address)
(Name)	(Address)

10. Burial and Funeral Instructions:

I wish to be buried (), cremated (). Funeral services to be held: Yes (), No ()

I wish to donate the following organs for medical purposes: _____
(Do you have a signed donor's card with your driver's license or state ID card? _____)

Special Instructions: _____

Person to have authority over disposition of your body: _____

11. Do you own any interest in a business or professional practice of any type? If so, please describe:

12. Do you currently reside with any person other than a legally married spouse? Yes (), No ()

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

13. Do you anticipate challenges to your Will from any person? If so, please describe:

14. Have you ever nominated a conservator to act on your behalf in the event of incapacity during your lifetime? If so, please describe:

15. Additional information, comments, or questions you may have:

(Signature)

(Date)