

WILL QUESTIONNAIRE

ATTORNEY FEES: \$ _____ CONSULTATION DATE: _____

___ SINGLE ___ COUPLE ___ W/TRUST ___ LIVING WILL ___ DPOA ___ GPOA

CLIENT INFORMATION:

NAME: _____ MARITAL STATUS: S M D W

ADDRESS: _____

PHONE NUMBERS: HM _____ WK _____ CELL _____

SPOUSE NAME: _____

CHILDREN NAMES/AGES:

STEP-CHILDREN NAMES/AGES:

GRANDCHILDREN NAMES/AGES:

EXECUTOR/EXECUTRIX:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

ALTERNATE EXECUTOR/EXECUTRIX:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

SPECIFIC GIFTS/BEQUESTS:

(Specific items given to persons other than principal beneficiary)

1. ITEM: _____

TO WHOM (Name/Relationship): _____

2. ITEM: _____

TO WHOM (Name/Relationship): _____

3. ITEM: _____

TO WHOM (Name/Relationship): _____

4. ITEM: _____

TO WHOM (Name/Relationship): _____

PRINCIPAL BENEFICIARY:

(Individual that will receive remainder and/or all of property)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

ALTERNATE BENEFICIARY:

(If Principal Beneficiary pre-deceases you or dies simultaneously)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

TRUSTEE(S):

(If you want a Trust set up for your estate)

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

ALTERNATE TRUSTEE(S):

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

GUARDIAN FOR MINOR CHILD(REN):

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

ALTERNATE GUARDIAN FOR MINOR CHILD(REN):

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____