

Will Questionnaire

General Information:

Name: _____

Marital status: _____

Spouse's Name, if married: _____

Address: _____

County _____

Family Information:

Children:

_____ No
_____ No children, but children are anticipated in the future.
_____ Yes. Number _____

_____ More children are anticipated .

_____ We do not anticipate more children

_____ Adopted children

Enter the names of the children (and please indicate if child is a minor, a child by prior marriage, or an adopted child):

Grandchildren?: _____ Number: _____

Do you want to specifically give anything to a Grandchild?: No ____ Yes _____

If Yes, please include their names below and what you would like to leave them.

Important Questions:

1. Do you currently have a Will? No _____
Yes _____

If so, when was it executed? _____

Please provide a copy.

2. Do you anticipate the value of your estate
(including life insurance proceeds) will exceed \$2,000,000.00?

Yes _____ No _____ .

3. If married, upon your death, do you want everything to go to your spouse?

Yes _____ No _____ .

4. If widowed, unmarried, or your spouse dies before you, and you have children, do you want all your assets divided equally among your children?

Yes _____ No _____ .

If not, then to whom and in what percentages? _____

Important People:

EXECUTOR (the individual who probates the will)

1. Who will be your First Executor?
(Note: Your spouse is usually your first or primary Executor)

2. Who will be a back-up Executor if your primary Executor cannot serve?

GUARDIAN

1. If you have minor children, who will be your back-up Guardian of your minor children if you are not survived by your spouse? (Note: Your spouse is usually your first or primary Guardian)

2. Who will be your second back-up Guardian of your minor children?

TRUSTEE

1. Who will be the Trustee of any trust you will setup under your Will?

2. Who will be your back-up Trustee?

3. Do you want your children to receive your estate regardless of their age? _____ or should it be held in trust until a later age? _____

If held until later age, what age? _____.

Other Important Questions:

Do you have Power of Attorney for Finances?

_____ Yes _____ No

If yes, does your Power of Attorney specifically authorize gifting of assets and property?

_____ Yes _____ No

If yes, does your Power of Attorney authorize the sale of Real Estate? (e.g. House)

_____ Yes _____ No

Does the Power of Attorney specifically describe the Real Estate to be sold?

_____ Yes _____ No

If you do not have Power of Attorney for Finances please answer the following questions.

1. Do you want the Power of Attorney to be effective immediately?
(Not Recommended except in limited circumstances)

 Yes No

2. Do you want Power of Attorney to be effective upon incapacity? (Recommended)

 Yes No

3. Who do you want to serve as agent under your Power of Attorney?

4. Who do you want to serve as back-up?

5. Do you have a Health Care Power of Attorney/Living Will or Advanced Directive?

 Yes No

6. Do you want life support if terminally ill?
 Yes No
 Do you want life support if in a coma with no reasonable hope of recovery?
 Yes No
 Do you want life support if in a persistent vegetative state?
 Yes No

7. Do you have any special request or instructions for you agent to follow if you are found terminally ill?

 Food / No Water _____ Water/No Food _____

 No Food/No Water _____

 Medicine for Relief of Pain / No Medicine to Prolong Life _____

8. Who do you want to be your agent under your Health Care Power of Attorney? This person will make your healthcare decisions for you in the event you are unable to do so.

9. Who do you want as back-up Agent?

If you have any other wishes or comments or things you would like me, as you attorney to know, please list below: