

WILL QUESTIONNAIRE

WILL INTERVIEW :

PLEASE PRINT LEGIBLY

YOUR NAME: _____ M/F _____
SSN: _____ - _____ - _____ CIRCLE ONE: SINGLE / MARRIED / DIVORCED / CONTEMPLATING DIV OR MARRIAGE
TELEPHONE NUMBERS: OFFICE _____ HOME _____
YOUR LEGAL RESIDENCE: _____, _____
CITY STATE
NAME OF SPOUSE: _____ . NAME(S) AND AGE(S) OF CHILDREN
[INDICATE IF ADOPTED (A) OR STEPCHILD (S)]

Your Street Address: _____ Apt/Unit/Etc: _____
City: _____ State: _____ ZIP: _____ County: _____
Spouse a U.S. Citizen? Y / N Have you been married before? Y / N

TO WHOM DO YOU WISH TO LEAVE YOUR PROPERTY?

1. INDIVIDUAL(S) TO RECEIVE ALL* MY PROPERTY FIRST:

NAME(S), (RELATIONSHIP TO YOU, SHARE): _____ (SPOUSE,
OR _____, EQUALLY, OR _____)

NAME: _____
(RELATIONSHIP: _____ SHARE: EQUALLY, OR _____)

2. INDIVIDUAL(S) TO RECEIVE ALL MY PROPERTY IF THOSE ABOVE DIE BEFORE I DO:

NAME: _____
(RELATIONSHIP TO YOU: CHILDREN, OR _____
SHARE: EQUALLY, OR _____)

3. INDIVIDUAL(S) TO RECEIVE ALL MY PROPERTY IF THOSE ABOVE DIE BEFORE I DO:

NAME: _____
(RELATIONSHIP _____ SHARE: _____)

4. DO YOU HAVE A SPOUSE OR ANY CHILD NOT MENTIONED ABOVE? YES NO

5. If your child dies before you but leaves behind grandchildren, do you want those grandchildren to receive the share that their mother or father would have received (this is called "per stirpes" distribution)? Y / N
OR do you wish those particular grandchildren to take per capita? Ask your attorney.

*** IF YOU WISH TO LEAVE SPECIFIC ITEMS TO DESIGNATED INDIVIDUALS, PLEASE LIST THE ITEMS AND THE INDIVIDUALS ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS WORKSHEET.**

WHO DO YOU WANT TO REPRESENT YOU?

1. TO DISTRIBUTE YOUR PROPERTY: NAME _____
(Executor or Personal Rep) RELATIONSHIP TO YOU: _____
STATE OF RESIDENCE: _____

2. TO DISTRIBUTE YOUR PROPERTY IF PERSON ABOVE CANNOT:

NAME: _____
RELATIONSHIP TO YOU: _____
STATE OF RESIDENCE: _____

3. TO ACT AS GUARDIAN OF YOUR MINOR CHILDREN IF THEIR OTHER PARENT DIES BEFORE YOU DO:

NAME: _____ RELATIONSHIP TO YOU: _____
STATE OF RESIDENCE: _____

FUNERAL THOUGHTS? (cremation, burial, location, etc) _____

LIVING WILL/MEDICAL POA WORKSHEET

1. YOUR ADDRESS: _____

2. NAME OF AGENT TO MAKE DECISIONS FOR YOU: _____

3. ADDRESS OF AGENT _____ PHONE: _____

4. (OPTIONAL) NAME OF ALTERNATE AGENT _____

5. ADDRESS OF ALT. AGENT _____ PHONE: _____

6. DO YOU WISH TO BE AN ORGAN DONOR? YES NO
IF SO, DO YOU WISH TO RESTRICT DONATIONS TO TRANSPLANT ONLY? YES NO

7. DO YOU NOW SUFFER FROM A TERMINAL ILLNESS? YES NO

8. DO YOU NOW RESIDE IN A NURSING HOME OR OTHER FACILITY? YES NO

9. WOULD YOU PREFER TO DIE AT HOME? YES NO

OFFICE USE ONLY

Drafting Attorney: _____

Documents Provided: Will General Power of Attorney

Living Will Medical Advance Directive

Notes: