# WILL QUESTIONAIRE CONFIDENTIAL INFORMATION

NAME (as it should appear on will):

ADDRESS:

TELEPHONE NO.: Home ( ) Work ( )

DATE OF BIRTH: SOCIAL SECURITY NO.:

# FAMILY HISTORY

CHECK ALL THAT APPLY: { ) MARRIED { } SEPARATED { } DIVORCED

IF MARRIED, SPOUSE’S FULL NAME:

DATE OF MARRIAGE:

CITY/STATE OF MARRIAGE:

DO YOU HAVE A PRIOR MARRIAGE? { } YES { } NO IF YES, PLEASE COMPLETE THE FOLLOWING:

FORMER SPOUSE’S FULL NAME:

Terminated by: { } Death { } Divorce { } Annulment

Date and Place of Termination:

CHILDREN: PLEASE LIST ALL CHILDREN, LIVNG OR DECEASED. GIVE NAMES, ADDRESSES, DATES OF BIRTH, MARRIED NAMES AND INDICATE IF ADOPTED.

NAME ADRESS ADOPTED? D.O.B

1.

2.

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.

5.

(Use reverse side if more space is needed and check here { })

# ADMINISTRATIVE DUTIES

(BEFORE YOU DESIGNATE PEOPLE FOR ADMINISTRATIVE POSITIONS, EXPLAIN THE POSITION AND ASK FOR THEIR PERMISSION TO BE NAMED IN YOUR WILL)

PERSONAL REPRESENTATIVE: THE PERSONAL REPRESENTATIVE IS RESPONSIBLE FOR FILING YOUR WILL WITH THE COURT AFTER YOUR DEATH. HE/SHE ALSO COLLECTS THE ASSETS AND PAYS THE DEBTS OF THE ESTATE AND MAKES DISTRIBUTIONS OF PROPERTY IN ACCORDANCE WITH YOUR WILL.

THE PERSONAL REPRESENTATIVE IS OFTEN THE PRIMARY BENEFICIARY- THE SPOUSE IS USUALLY THE FIRST CHOICE OF MARRIED PERSONS. IT IS ADVISABLE TO NAME SOMEONE WHO HAS THE ABILITY TO UNDERSTAND AND WORK WITH THE BUSINESS TERMS AND WHO LIVES IN OR NEAR THE CITY OF YOUR RESIDENCE.

YOU MUST ALSO LIST A SECOND CHOICE, IN THE EVENT THAT YOUR NAMED FIRST CHOICE IS UNABLE OR UNWILLING TO SERVE. YOU MAY NOMINATE CO-PERSONAL REPRESENTATIVES.

FIRST CHOICE:

ADDRESS:

RELATION:

SECOND CHOICE:

ADDRESS:

RELATION:

TRUSTEE: YOU MAY DESIGNATE THAT A SHARE OF YOUR ESTATE WILLED TO A CHILD BE HELD IN TRUST IF THAT CHILD HAS NOT REACHED A CERTAIN AGE (CHOSE BY YOU) AT THE TIME OF YOUR DEATH. UPON THE DEATH OF BOTH YOU AND YOUR SPOUSE, A TRUSTEE MAINTAINS LEGAL TITLE TO THE PROPERTY FOR THE CHILD’S BENEFIT UNTIL THE CHILD REACHES THE PRE-DETERMINED AGE. THE TRUSTEE HAS THE DUTY TO HOLD THE SHARE OF PROPERTY AND TO EXPEND IT EXCLUSIVELY FOR THE MAINTENANCE AND SUPPORT OF THE CHILD. YOU MAY NOMINATE CO-TRUSTEES.

FIRST CHOICE:

ADDRESS:

RELATION:

SECOND CHOICE:

ADDRESS:

RELATION:

YOU MAY WANT TO SPECIFY THAT CHILDREN MUST REACH A CERTAIN AGE BEFORE THE TRUST TERMINATES AND THE CHILD ACQUIRES OUTRIGHT HIS OR HER SHARE OF YOUR ESTATE? IF SO, WHAT AGE:

(IF YOU DO NOT SPECIFY OTHERWISE, THE TRUST WILL TERMINATE WHEN THE CHILD REACHES 25.)

# BENEFICIARIES

PLEASE INDICATE TO WHOM YOU WOULD LIKE YOUR ESTATE TO PASS IN THE EVENT OF YOUR DEATH. IF YOU WISH YOUR SPOUSE TO BE THE BENEFICIARY OF YOUR ESTATE, YOU NEED ONLY WRITE “TO MY SPOUSE” IN THE FIRST SECTION BELOW.

IF YOU WISH TO LEAVE ANY OF YOUR ESTATE TO YOUR CHILDREN, YOU MAY SIMPLY STATE “TO MY CHILDREN IN EQUAL SHARES” OR INDICATE THE SHARE (OR FRACTION) WHICH EACH CHILD SHOULD RECEIVE. AT LAW “CHILDREN” INCLUDE LEGALLY ADOPTD CHILDREN AND CHILDREN BORN OUTSIDE OF MARRIAGE.

IF YOU WISH ONLY CERTAIN CHILDREN TO BENEFIT FROM YOUR ESTATE, PLEASE PROVIDE DETAILS ON THE BACK OF THIS PAGE

TO WHOM DO YOU DESIRE TO LEAVE YOUR ESTATE:

TO WHOM DO YOU WISH TO LEAVE YOUR ESTATE IF THE BENEFICIARY OR BENEFICIARIES NAMED ABOVE PREDECEASE YOU:

**POWER OF ATTORNEY:** THIS IS THE PERSON WHO WILL ACT ON YOUR BEHALF REGARDING FINANCIAL MATTERS SHOULD YOU BECOME INCAPACITATED

FIRST CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CARE PROXY:** THIS IS THE PERSON WHO WILL MAKE YOUR MEDICAL DECISIONS SHOULD YOU BECOME INCAPACITATED.

FIRST CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_