WILL QUESTIONNAIRE

Please complete prior to your Will interview.

Attach additional sheets if necessary

I. NAMES AND ADDRESSES

Fax No.: _______________ Home Telephone:_______________
Email: _______________ Work Telephone: _______________
Cell No:_______________

Social Security Number: (H)___________________
(W)___________________

Name:_____________________________ Spouse's Name:______________________________

Address:____

Are you a party to a Prenuptial Agreement? ___________

If so, please bring a copy of the Prenuptial Agreement with you at the time of your appointment

IF AVAILABLE, PLEASE ATTACH MOST CURRENT FINANCIAL STATEMENT

Children	Address	Age

II. ASSETS

A. Real Estate

Location	Ownership	Value	Mortgage Balance

B. Accounts, Certificates

Location	Ownership	Balance

C. Stocks, Bonds

Location	Ownership	Balance

D. Business Interests

Name	% of Ownership	Value

E. Personal Property (Autos, Art, Antiques, Collections, Jewelry, Boats, etc.)

Item	Value

F. Insurance Policies

Company	Owner	Beneficiary	Amount

F. IRAs, 401k and Pensions

Plan	Amount	Beneficiary	Contingent Beneficiary

III. FIDUCIARIES

A. Executor

1. Primary:_________________________________ Relationship: ______________________

Address:____

2. Alternate:________________________________ Relationship: _____________________

Address:____

B. Trustee

1. Primary:_________________________________ Relationship:______________________
Address:____

2. Alternate:________________________________ Relationship: _____________________

Address:____

C. Guardian (If you have minor children)

1. Primary:_________________________________ Relationship:______________________

Address:____

2. Alternate:________________________________ Relationship: _____________________

Address:____

IV. DISPOSITION OF ESTATE

To whom would you like your property to pass (i.e. Spouse, Children, etc.):

a. Specific Bequests:____

____

____

____

____

____

____

b. Balance of Estate (In general terms):____

____

____

____

____

c. In the event all of the foregoing named beneficiaries predecease you, to whom would you like your property to pass:____

____

____

____

____

____

V. Special Burial Instructions:____

____

____

____

____

VI. DURABLE GENERAL POWER OF ATTORNEY: (Designate who you would like to act on your behalf to make financial decisions if you are incapacitated.)

1. Primary:_________________________________ Relationship:______________________

Address:____

2. Alternate:________________________________ Relationship: _____________________

Address: ________________________________ Relationship: _____________________

VII. HEALTHCARE DIRECTIVE: (Designate who you would like to act on your behalf to make medical decisions if you are incapacitated.)

1. Primary:_______________________ Relationship: _________________________________

   Address:____

2. Alternate:_________________________________ Relationship: ______________________

   Address:____