

CONFIDENTIAL WILL QUESTIONNAIRE

This form has been prepared to aid you in organizing information to prepare a simple will. If insufficient space is provided for any information, please include it on a separate sheet. Fill in information for you spouse or significant other only when it differs from your information. If the way you want your property distributed requires a more complex will, we should sit down and discuss your goals and options more fully.

PERSONAL INFORMATION

You

Full Name _____

(Including middle initial and specify if Jr., Sr., etc.)

Address _____

Address _____

Social Security No. _____

Date of Birth _____

Phone No. _____

E-mail address _____

Employer _____

Address _____

Address _____

Phone No. _____

Your Spouse/Significant Other

Full Name _____

(Including middle initial and specify if Jr., Sr., etc.)

Address _____

Address _____

Social Security No. _____

Date of Birth _____

Phone No. _____

E-mail address _____

Employer _____

Address _____

Address _____

Phone No. _____

Marital Status: Single Divorced Married Widowed

Send mail to: Home Business

Children (List all minor and adult children, including stepchildren and adopted children)

Complete name	Date of Birth	Address (if not home)	
_____	_____	_____	<input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Step
_____	_____	_____	<input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Step
_____	_____	_____	<input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Step
_____	_____	_____	<input type="checkbox"/> Adopted
_____	_____	_____	<input type="checkbox"/> Step

Do you want to disinherit a child, parent, spouse or significant other? If yes, write in the name(s) of the person(s) you want to disinherit and their relation to you.

OTHER CONSIDERATIONS: Were you previously married? Yes No
 Do you have a disabled child? Yes No
 Do you have a pre-marital agreement? Yes No

WHAT DO YOU OWN?

Does or will everything you own be worth more than \$1,000,000? Yes No
(Be sure to include death benefits from any insurance, 401(k), IRAs or other pension, as well as your share of any jointly held property.)

Do you or your spouse/significant other anticipate receiving a substantial inheritance? Yes No

Do you already have a will? No Yes (please attach copy)

Do you have life insurance? No Yes Total Death Benefit of all Policies \$ _____

Do you and your spouse/significant other own your home as joint tenants with rights of survivorship? Yes No

ISSUES RELATING TO YOUR WILL

Who would you like to take care of your affairs and care for your minor or disabled children when you die? Please provide the full names of those persons below AND the city and state they live in. The same person can serve one, two or all of the following positions you choose.

Executor: This is the person who collects your assets, pays your bills, and makes sure the terms of your will are carried out. The Executor can be your spouse, but does not have to be, with the alternate being a responsible child, trusted friend or attorney. Find out if your named Executor: (1) wants the responsibility; (2) will be competent to assume the duties in several years, and (3) has the financial/business judgment you deem necessary to handle your estate.

Your Will

Your Spouse's/Significant Other's Will

Primary _____

Primary _____

Alternate _____

Alternate _____

Guardians of your Children: Do you want to name a person(s) to take care of your minor (under the age of 18) or disabled children in the event of your death **and there is no other parent of such child living?**

Your Will

Your Spouse's/Significant Other's Will

Primary _____

Primary _____

Alternate _____

Alternate _____

Trustee of Trust for Minor Children: You may be uncomfortable with distributing a large sum of money to an 18 year old. You have the choice of specifying at what age your child has uncontrolled access to the gift you make. The Trustee has control of the gift assets until the child reaches the specified age, with the discretion to give the child such sums of money the Trustee believes is appropriate for the child's education, health and support. You can also use a trustee to manage assets for a disabled child. The named guardian can also be the Trustee, but you can name anyone.

Your Will

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Primary _____

Primary _____

Alternate _____

Alternate _____

Age at which you wish child to have uncontrolled access to the gift you make: _____

Who should get your things when you die? If your spouse dies before you, your assets are given to your other beneficiaries. You can give specific items to a specific person or organization (charity). You can simply ask that your estate be divided among your children. Please check one of the following:

- When I die, my spouse receives my entire estate. If my spouse dies before me, my estate should be divided equally among my children.
- I presently have no spouse and wish my estate to be divided equally among my children.
- I have no spouse or children and wish my estate to go to the following individuals or organizations. Bequests must add up to 100%. **(Please note:** A simple will is just that, simple. If you wish to add specific details, it is no longer a simple will. Therefore, there will be an additional charge for dividing your estate between more than three individuals or organizations.)

	Name	Relationship	Date of Birth	Percent of Estate
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Other (please specify): _____

- Specific Gifts.** Do you have some special family heirloom or special gift that you want someone specifically to receive? **(Please note:** A simple will is just that, simple. If you wish to add specific details, it is no longer a simple will. Therefore, there will be an additional charge for distributing more than three specific gifts. If you choose to make between four and six specific gifts, there will be an additional charge

	Name	Relationship	Specific Gift
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

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 Do you have a disabled child? Yes No
 Do you have a pre-marital agreement? Yes No

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