

WILL QUESTIONNAIRE

1. ORGANIZATION		2. ADDRESS			
3. PHONE NUMBER					
4. NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)		5. RANK		6. DAYTIME TELEPHONE NUMBER & AREA CODE	
7. ADDRESS a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE
8. MARITAL STATUS SINGLE MARRIED (ONCE or MULTIPLE) DIVORCED WIDOWED					
9. NAME OF SPOUSE (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)					
10. What is the value of you and your spouse's combined assets, including insurance? Less than \$500,000 \$500,000 to \$1,000,000 Greater than \$1,000,000					
11. Do you have any family owned business or farm that will be disposed of under this will?				YES	NO
12. CHILDREN					
NONE		YES (NUMBER ___)			
NO CHILD, BUT CHILDREN ARE ANTICIPATED		MORE CHILDREN ARE ANTICIPATED			
ADOPTED/STEP CHILDREN ARE TO BE EXPRESSLY INCLUDED		ADOPTED/STEP CHILDREN ARE TO BE EXPRESSLY EXCLUDED			
13. CHILDREN'S INFORMATION					
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)		b. CITY/STATE	c. SEX	d. AGE	e. STEP OR ADOPTED?
					g. BY PRIOR MARRIAGE? Adopted Step Yes No
					Adopted Step Yes No
					Adopted Step Yes No
					Adopted Step Yes No
14. PRIMARY BENEFICIARY – I wish to leave all property that I own, whether real or personal, to the following person(s):					
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)		b. RELATIONSHIP TO YOU			c. PERCENT OF ESTATE
15. ALTERNATE BENEFICIARY – If the primary beneficiary dies before I do, I wish to leave my property to the following person(s):					
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)		b. RELATIONSHIP TO YOU			c. PERCENT OF ESTATE

16. SECOND ALTERNATE BENEFICIARY – If the primary and alternate beneficiaries die before I do, I wish to leave my property to the following person(s):		
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)	b. RELATIONSHIP TO YOU	c. PERCENT OF ESTATE
17. Do you want any children born or adopted by you after this will is executed to share in your estate?		YES
		NO
18. If any of your children die before you and leave surviving children, do you want these grandchildren to divide the share their parents (your child/children) would have been entitled to under your will?		YES
		NO
19. PERSONAL REPRESENTATIVE – I want the following person(s) to act as the executor(s) of my estate:		
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)	b. RELATIONSHIP TO YOU	c. CITY/STATE
PRIMARY		
ALTERNATE		
20. GUARDIAN OF MINOR CHILDREN – If my spouse should die before me, or is otherwise unable to care for my minor children, I desire the following person(s) to be the guardian(s) of my children who have not reached the age of majority at the time of my death:		
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)	b. RELATIONSHIP TO YOU	c. CITY/STATE
PRIMARY		
ALTERNATE		
21. TRUSTEE FOR MINOR CHILDREN – I want the following person(s) to act as the trustee:		
a. FULL NAME (<i>Last, First, Middle Initial</i>) (<i>Print or Type</i>)	b. RELATIONSHIP TO YOU	c. CITY/STATE
PRIMARY		
ALTERNATE		
A beneficiary is to be deemed a “minor,” whose legacy should be held in trust, if under the age of: 18 19 20 21 Other age: _____ (Please write in age if other than shown.)		
22. Do you have any other questions regarding your estate planning? If so, please use the space below to write down any concerns you may have. (Example: Living Will or Health Care Power of Attorney, etc.)		

Please prepare any questions you may have for the attorney on a separate sheet of paper or in the space above.