

Please Contact Natalie at natalie@stewartlegalservices.net

A. WILL QUESTIONNAIRE

1. **NAME (full legal name):** _____
Husband/Partner (full legal name): _____
Wife/Partner (full legal name): _____
Address: _____
Phone: (Home): _____ (Cell): _____
Email: _____

2. PERSONAL REPRESENTATIVE AND TRUSTEE

a) First choice: _____
Spouse/Partner? YES OR NO
Other? _____
Name (full legal name): _____
Address: _____
Relationship: _____

b) Alternate Personal Representative and Trustee if spouse/partner is deceased or unable to act:
Name (full legal name): _____
Address: _____
Relationship: _____

c) Second Personal Representative and Trustee (if first alternate is deceased or unable to act):
Name (full legal name): _____
Address: _____
Relationship: _____

3. CHILDREN (full legal names)

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

Do any of your children come from different parents?

4. **GIFTS, LOANS OR ADVANCES: (to family, children, etc.):** _____

5. **GUARDIAN(S) (if other parent is deceased at the time of your death)**

a) Name (full legal name(s)): _____
Address: _____
Relationship: _____

b) Alternate Guardian(s):
Name (full legal name(s)): _____
Address: _____
Relationship: _____

6. **ASSETS (estimated values only - we do not require account numbers at this time)**

a) Real Property:

b) Bank Accounts:

c) Investments:

d) Do you have a Corporation/Business? YES OR NO
(i) Name of Corporation: _____
(ii) Corporate Access Number: _____
(iii) Class of Shares owned: _____
(iv) Number of Shares owned: _____
(v) Who is the Beneficiary of the Shares: _____
(vi) If first Beneficiary not then living, then who do the Shares go to:

e) Digital Assets (bitcoin, paypal, ebay, etc.):

(If you have any online accounts such as bitcoin, iTunes, etc., you may want to leave a list of your login information with your estate papers for your Personal Representative so that they will be able to access it. Likewise, you may want to make a list of rewards programs that you may take part in and the login access.)

7. DISPOSITION OF ESTATE

a) Do you have any particular assets that you would like to go to a particular person or charity?

Specific gifts:

(i) Specific cash gift? YES OR NO

If yes:

Name (full legal name): _____

Amount: _____

Conditions (e.g. only if your spouse/partner/children have predeceased you):

Name (full legal name): _____

Amount: _____

Conditions: _____

Name (full legal name): _____

Amount: _____

Conditions: _____

(ii) Gifts of certain assets other than cash? YES OR NO

If yes:

Name (full legal name): _____

Items: _____

Name (full legal name): _____

Items: _____

Name (full legal name): _____

Items: _____

If any of the above beneficiaries are not alive at your death, would you like the gift to go to someone else or back into your estate?

Provide for spouse/partner, children, family, others:

b) Spouse/Partner:

(i) all to spouse/partner if he/she survives you for 30 days? YES OR NO

(ii) Would you prefer to give your spouse/partner a gift in another format (i.e. a percentage of your assets, a life estate in your home or assets, or some other way)?

c) Children (If applicable):

(i) If your spouse/partner does not survive you for 30 days, would you like your estate to be divided among your children in equal shares? YES OR NO

(ii) if any of your children are not then alive, then would you prefer your deceased child's share to go to:

such child's children? YES OR NO

-OR-

divided among your children then alive? YES OR NO

-OR-

Other: _____

(iii) When would you like the estate to be transferred to your children:

1. as each of your children turns _____ (e.g. 21) years old;

-OR-

2. when the youngest of your children turns _____ (e.g. 21) years old.

d) Common disaster: If no spouse, children or grandchildren are alive at the date of your death or date of distribution, then to: (please list full legal names or charity)

8. ARE ANY NAMED REPRESENTATIVES OR BENEFICIARIES NON-RESIDENTS?

YES OR NO

9. DISPOSITION OF REMAINS (This is to state your wishes only. Please check beside those that you want to be included.)

Burial

Cremation

Medical Science

Organ Donation for Transplant Purposes

No Direction

Other Comments:

10. ARE THERE ANY ADDITIONAL MATTERS YOU WOULD LIKE TO BE INCLUDED:

B. DO YOU NEED A PERSONAL DIRECTIVE? YES OR NO :

A Personal Directive names a person (Agent) whom you trust to make personal decisions regarding your health care when you have become mentally incapacitated.

If yes:

AGENT NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE AGENT NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

C. DO YOU NEED AN ENDURING POWER OF ATTORNEY? YES OR NO :

An Enduring Power of Attorney names a person (Attorney) whom you trust to make decisions regarding finances and legal affairs. This can become active either immediately or when you have become mentally incapacitated.

If yes:

ATTORNEY NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

ALTERNATE ATTORNEY NAME: _____

ADDRESS: _____

RELATIONSHIP: _____