

A. WILL QUESTIONNAIRE

1. **NAME** (full name)

Husband/Partner: _____

Wife/Partner: _____

Address: _____

Phone: (Home) _____ (Cell) _____

2. **EXECUTOR**

a. Spouse/Partner? YES () OR NO ()

b. Other?

Name: _____

Address: _____

Relationship: _____

c. Alternate Executor if spouse/partner is deceased:

Name: _____

Address: _____

Relationship: _____

d. Second Alternate Executor (if first alternate is deceased):

Name: _____

Address: _____

Relationship: _____

3. **CHILDREN**

Name: _____

Name: _____

Name: _____

Name: _____

4. **GUARDIAN(S)** (if other parent is deceased)

a. Name: _____

Address: _____

Relationship: _____

b. Alternate Guardian(s) (if other parent dies before you) YES () OR NO ()

Name: _____

Address: _____

Relationship: _____

5. **DISPOSITION OF ESTATE**

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

a. Spouse/Partner:

(i) all to spouse/partner if he/she survives you for 30 days?

YES () OR NO ()

(ii) other (ie. percentage; life estate)?

b. Children:

(i) if spouse/partner does not survive you for 30 days, divided among your children in equal shares?

YES () OR NO ()

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

a) such child's children?

YES () OR NO ()

Other: _____

-or-

b) divided among your children then alive?

YES () OR NO ()

Other: _____

(iii) transferred to your children:

a) as each of your children attains the age of _____;

-or-

b) when the youngest of your children attains the age of _____.

c. Common disaster: If no spouse, children or grandchildren are alive at the date of your death or date of distribution, then to:

d. If not all of estate or if none of estate to spouse and/or children:

(i) Other bequests to relatives, friends, charities? Specify:

(ii) If beneficiary not alive at death or date of distribution, then to whom?

e. Specific bequests:

(i) Specific cash legacies? YES () OR NO ()

Name: _____ Amount: _____

Conditions:

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

Name: _____ Items: _____

Name: _____ Items: _____

Name: _____ Items: _____

6. **DISPOSITION OF REMAINS** (Wish only)

Burial ()

Cremation ()

Medical Science ()

Organ Donation for Transplant Purposes ()

No Direction ()

Other Comments: _____

7. **ADDITIONAL MATTERS TO BE INCLUDED:**
