

A. WILL QUESTIONNAIRE

1. NAME (full legal name):

Husband/Partner (full legal name):

Wife/Partner (full legal name):

Address:

Phone: (Home)

(Cell)

2. PERSONAL REPRESENTATIVE AND TRUSTEE

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

b) Other?

Name (full legal name):

Address:

Relationship:

c) Alternate Executor if spouse/partner is deceased:

Name (full legal name):

Address:

Relationship:

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

Name (full legal name):

Address:

Relationship:

3. CHILDREN (full legal names)

Name:

D.O.B.:

Name:

D.O.B.:

Name:

D.O.B.:

Name:

D.O.B.:

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

a) Name (full legal name(s)):

Address:

Relationship:

b) Alternate Guardian(s):

Name (full legal name(s)):

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:

1. such child's children?

YES () OR NO ()

Other:

-or-

2. divided among your children then alive?

YES () OR NO ()

Other:

(iii) transferred to your children:

1. as each of your children attains the age of _____;

-or-

2. 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: (please list full legal names)

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 (full legal name):

Amount:

Conditions:

Name (full legal name):

Amount:

Conditions:

Name (full legal name):

Amount:

Conditions:

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

Name (full legal name):

Items:

Name (full legal name):

Items:

Name (full legal name):

Items:

f) Corporate/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:

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:

B. PERSONAL DIRECTIVE (YES 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.

AGENT NAME:

ADDRESS:

RELATIONSHIP:

ALTERNATE AGENT NAME:

ADDRESS:

RELATIONSHIP:

C. ENDURING POWER OF ATTORNEY (YES NO)

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

ATTORNEY NAME:

ADDRESS:

RELATIONSHIP:

ALTERNATE ATTORNEY NAME:

ADDRESS:

RELATIONSHIP: