

**QUESTIONNAIRE FOR LAST WILL & TESTAMENT**

1. **Your full name:** \_\_\_\_\_

2. **Contact Information:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_

3. **If married, please provide spouse's full name:** \_\_\_\_\_

4. **If you have children, please list below:**  
a. \_\_\_\_\_ **DOB:** \_\_\_\_\_  
b. \_\_\_\_\_ **DOB:** \_\_\_\_\_  
c. \_\_\_\_\_ **DOB:** \_\_\_\_\_  
d. \_\_\_\_\_ **DOB:** \_\_\_\_\_

5. **Who do you select as Executor (and Alternate) of your Estate?**

Executor's Name	Relationship	County	City	State
Alternate's Name	Relationship	County	City	State

6. **Does the Value of your estate exceed \$1,000 000?** \_\_\_\_\_  
**If so, what is the approximate value?** \_\_\_\_\_

7. **Does your estate include Real Property? If so, type of property and where is it located?**  
**(County, State)**  
\_\_\_\_\_  
\_\_\_\_\_

8. **If you are married, do you plan to leave your entire estate to your spouse?** \_\_\_\_\_  
**If not, please list all separate or special bequests on a separate sheet and attach.**

9. If you have minor children who survive you and your spouse, who do you select as Guardian (and Alternate) for your minor children?

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<b>Guardian's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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<b>Alternate's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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10. If you have minor children who survive you and your spouse, who do you select as Trustee (and Alternate) to manage the estate you may leave them?

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<b>Trustee's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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<b>Alternate's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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11. Assuming trust funds are established for your minor children, at what age (or ages) do you wish trust funds to be distributed? \_\_\_\_\_

12. In the event you do not have a spouse or children, or they predecease you, how do you want your property distributed? \_\_\_\_\_

13. Who do you select as agent (and alternate) to manage your finances if you are incapacitated and what is their relationship to you?

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<b>Agent's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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<b>Alternate's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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14. Who do you select as agent (and alternate) to make healthcare decisions if you are incapacitated and what is their relationship to you?

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<b>Agent's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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<b>Alternate's Name</b>	<b>Relationship</b>	<b>County</b>	<b>City</b>	<b>State</b>
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**SEPARATE OR SPECIAL BEQUESTS**

<b>NAME</b>	<b>ADDRESS</b>	<b>BEQUEST</b>