

WILL QUESTIONNAIRE

What you'll need to fill this out:

- A copy of all of your prenuptial agreement (if applicable)
- Names and birth dates of your children and grandchildren (if applicable)
- The name in contact information of the person you've chosen to be guardian of your children, the trustee of their estate, and your personal representative or executor.
- To best serve you in completing your will for tax purposes, you'll be asked to provide the approximate dollar amount of such items as: your home, other real estate, bank accounts, vehicles, retirement plans, Life Insurance policies, and debts such as mortgages, loans, medical or others over \$5000.

Helpful information before you get started!

This Will questionnaire is not your will. It will help your provider law firm prepare your will. All questions applicable to you must be completed in their entirety in order to have your will prepared.

If you need more space to answer a question, attach a separate sheet and indicate the question number two which it pertains.

If you have questions while filling out this form, don't hesitate to call us at (314) 374 – 8905.

1. Full name (first, middle, last):

All other names by which you have been known:

Age _____ Date of birth _____ Sex Male Female

Are you a U.S. citizen? Yes No If no, country or citizenship? _____

2. Current residence

Street Address _____ City _____

County _____ State _____ Zip _____

Home Phone _____ Work Phone _____

3. If you are married, your spouse's full name (first, middle, last, maiden)

Date of Birth _____ Date of Marriage _____

Place of Marriage _____

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Are you currently living with your presence spouse? _____

4. Do you and your spouse have a prenuptial agreement which identifies and disposes of separate spouse for property? _____ If yes, attached copy within the filing data.

5. Do you plan on marrying or entering into a partnership agreement in the near future?

Y NO N/A

6. If either you or your spouse has been divorced, please answer the following. If not applicable, please go to question #6.

Date of marriage _____

Date of divorce judgment _____

Court rendering judgment _____

Date of spouse's death (if applicable) _____

7. Have you or your spouse created any trusts or made gifts through trusts to others? If yes, describe and include a copy. If not applicable, go to question #7.

8. Do you or your spouse expect any inheritance? If yes, state from whom and how much. If not applicable, please go to question #8.

9. If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #15.

Full Name	Son/Daughter	Date of Birth	Child of Current Marriage?

10.

a. Deceased biological or legally adopted children if applicable.

Full Name	Son/Daughter	Date of Death

b. Deceased child's living children if applicable:

Full Name	Son/Daughter	Date of Birth	Parent's Name

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11. If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? Y NO N/A

Full Name	Son/Daughter	Date of Birth	Parent's Name

12. If you have grandchildren, state the following for each. If not, go to question #12.

Full Name	Parents Name	Grandson/ Granddaughter	DOB	Living? Yes/No

13. Are any of your children or other beneficiaries mentally or physically disabled or have special needs? Y N

If so, note any special provisions:

If so, are they presently receiving, or do you anticipate that they may apply for disability benefits in the future? Y N

14. If your children are under age eighteen (18), state the following for the person you wish to act as their guardian in the event of your death or in case of the joint death of you and your spouse (if married). If you do not have any minor children, please go to question #15.

Name(s) _____

Address _____

Relationship _____

If at the time of your death, the person(s) named above is/are unwilling to serve as guardian (custodian), please list an alternate:

Name(s) _____

Address _____

Relationship _____

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15. List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s).

Assets	Value		
		If Joint Assets - Name	Designated Beneficiary
A. Home			
B. Other Real Estate			
C. Checking, Savings Accounts			
1.			
2.			
3.			
4.			
D. Automobile & Other Vehicles			
E. Stocks, Mutual Funds & Other investments			
F. Interest in a business			
G. RRSP's			
H. Life Insurance			
I. Miscellaneous			
Totals:			

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16. List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s).

Debts	Individual Debt	Spouse's Debt	Joint Debt	Joint Debt/ Non Spouse
A. Mortgages on home				

17. Do you want your spouse or partner as your **personal representative/executor**?

Y NO

Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below.

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

Do you wish them to act jointly? Y NO

If yes, with whom?

Full name _____

Address _____

18. Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.

Item	Special Identifying Features	Recipient

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19. Indicate how you want your assets to pass when you die.

Please check the **ONE** option you prefer:

Option A I want my assets to pass to my spouse and children as follows:

- To my spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

Option B I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

Option C None of the above. I want my assets to pass as follows:

20. Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. Your Provider Law Firm will prepare a **Power of Attorney for Personal Care** and **Continuing Power of Attorney for Property** at no additional charge if prepared with your Will. Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

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Please indicate your wishes by checking one box below:

I want this person to be able to act on my behalf immediately.

I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

Who would you like to serve as your representative responsible for making sure your property wishes are carried out?

Full name _____

Address _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name _____

Address _____

Confirmation of information and instructions:

I confirm the information provided by me in this form is complete and accurate and that the instructions I have provided reflect my wishes.

Signature _____ Print name _____

Date _____ Phone number to call if questions _____

Email address _____