

Primary Will Questionnaire

The information requested below is essential in preparing your Will. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains.

1. State your full name: _____

First
Middle
Last

 - a. State all other names by which you have been known:

 - b. Social Security Number: _____
 - c. Pre-Paid Legal Membership Number: _____
 - d. Age: _____ Date of birth: _____
 - e. Sex: Male Female

2. State your current residence:
 - a. Street address: _____
 - b. City: _____ County or Parish: _____
 - c. State: _____ ZIP code: _____
 - d. Telephone: Residence: _____ Work: _____

3. If you are married, state your spouse's full name (including maiden name):

First
Middle
Last

 - a. Spouse's Social Security Number: _____
 - b. Spouse's date of birth: _____
 - c. Date of marriage: _____
 - d. Place of marriage: _____
 - e. Are you currently living with present spouse? Yes No

If no, state spouse's address: _____

4. If you have children, including adopted children, state the following for each child, including whether the child is from your current marriage, if applicable:

| Full name | Son/Daughter | Date of birth | Marital status | Current marriage (Yes/No) |
|-----------|--------------|---------------|----------------|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

5. a. Name and date of a deceased child or children:

| Full name | Son/Daughter | Date of Death |
|-----------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

S P O U S E W I L L Q U E S T I O N N A I R E

b. Name of deceased child's living children:

| Full name | Son/Daughter | Date of Birth |
|-----------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. If you have grandchildren, state the following:

| Full name _____ | Full name _____ | Full name _____ |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Parent's names _____ | Parent's names _____ | Parent's names _____ |
| Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> | Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> | Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> |
| Date of birth _____ | Date of birth _____ | Date of birth _____ |
| Marital status _____ | Marital status _____ | Marital status _____ |
| Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) | Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) | Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) |

7. If your spouse's grandchildren are different from above, state the following:

| Full name _____ | Full name _____ | Full name _____ |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Parent's names _____ | Parent's names _____ | Parent's names _____ |
| Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> | Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> | Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> |
| Date of birth _____ | Date of birth _____ | Date of birth _____ |
| Marital status _____ | Marital status _____ | Marital status _____ |
| Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) | Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) | Living (Yes <input type="checkbox"/> No <input type="checkbox"/>) |

8. Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate spousal property?
 Yes No **(If yes, attach copy with any filing data.)**

9. Have you or your spouse created any trusts or made gifts to any trusts? If yes, describe:

10. Do you or your spouse expect any inheritance? If so, state from whom and how much:

11. State the location and box number of any safety deposit boxes and who is permitted to enter the box:

S P O U S E W I L L Q U E S T I O N N A I R E

12. Assets:

| | Value | Joint or Marital Property | Husband's Separate Property | Wife's Separate Property |
|---------------------------------------------------------------|-------|---------------------------|-----------------------------|--------------------------|
| a. Home | | | | |
| b. Other real estate | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| c. Checking, Savings, or Credit Union Accounts & Certificates | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| d. Annuities | | | | |
| e. Oil, Gas, or Other Minerals | | | | |
| f. U S Savings/ Other Bonds | | | | |
| g. Stock | | | | |
| h. Accounts Receivable | | | | |
| i. Rents Receivable | | | | |
| j. Notes Receivable | | | | |
| k. Automobiles & Other Vehicles | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| l. Interest in a Business | | | | |
| m. Subchapter 'S' Business | | | | |
| n. All valuable personal property | | | | |

S P O U S E W I L L Q U E S T I O N N A I R E

| | Value | Joint or Marital Property | Husband's Separate Property | Wife's Separate Property |
|-------------------------------------------------|-------|---------------------------|-----------------------------|--------------------------|
| o. Household Furniture and Furnishings | | | | |
| p. Other Household Contents | | | | |
| q. Collections (Coins, Stamps, Paintings, etc.) | | | | |
| r. Interest in a Lawsuit | | | | |
| s. Other Claims or Intangibles | | | | |
| t. Escrows or Deposits | | | | |
| u. Deferred Compensation Plans | | | | |
| v. Interest under any Executory Contracts | | | | |
| w. Miscellaneous | | | | |
| x. Life Insurance Policies | | | | |
| y. Qualified Retirement Plans | | | | |
| TOTALS | | | | |

13. Debts:

| | Joint or Marital Value Property | Husband's Separate Property | Wife's Separate Property |
|------------------------------------|---------------------------------|-----------------------------|--------------------------|
| a. Mortgages on Home, Car, etc. | | | |
| b. Signature Loan at Bank | | | |
| c. Current Debts (Utilities, etc.) | | | |
| d. Medical or Other Expenses | | | |
| e. Other Debts | | | |
| f. Contingent Liabilities | | | |
| TOTALS | | | |

14. Please indicate, by checking the appropriate option, how you want your assets to pass when you die (See page one for typical estate plans.)

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

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among 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:**

- 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:**

15. Do you wish to disinherit any child or grandchild? If so, you must list their names here (Please see instructions concerning disinheriting spouse on page 1)

16. 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 wish it left to a specific person, please complete the following. **NOTE: If you have chosen "Option A" under number 14, you have indicated by your selection the items described above will pass to your spouse and/or children. Complete this number ONLY if you desire such items of specific value to be left to person(s) other than those set forth under "Option A" of number 14.**

| | | |
|------|------------------------------|-----------|
| ITEM | SPECIAL IDENTIFYING FEATURES | RECIPIENT |
|------|------------------------------|-----------|

17 If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custodian) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married) You should obtain the consent of that person(s) before executing your Will

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

- a. Name(s): _____
- b. Address: _____
- c. City: _____ County or Parish: _____
- d. State: _____ ZIP code: _____
- e. Relationship (if any): _____
- f. Please make special provisions for any mentally disabled children:

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

- g. Name(s): _____
- h. Address: _____
- i. Relationship (if any): _____

18. Do you want the appointed guardian also to be the trustee (conservator) of any assets inherited by the minor children?

NOTE: A conservator or trustee is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other incapacity.

yes no

If no, please list the person or entity you wish to act as their financial custodian. You should obtain the consent of that person or entity before executing your Will

- a. Name(s): _____
- b. Address: _____
- c. City: _____ County or Parish: _____
- d. State: _____ ZIP code: _____
- e. Relationship (if any): _____
- f. At what age would you like your children, rather than the trustee, to manage any inherited assets (must be at least 18 years old)?
_____ years old

If the person or entity listed above is unwilling or unable to serve as financial trustee, please list an alternate:

- g. Name(s): _____
- h. Address: _____
- i. City: _____ County or Parish: _____
- j. State: _____ ZIP code: _____
- k. Relationship (if any): _____

S P O U S E W I L L Q U E S T I O N N A I R E

19 The person charged with administering your estate, paying taxes and other debts, marshalling, preserving, and managing estate assets and property is called a personal representative (executor). State the name and address of the person you wish to serve in this role. He or she must be a United States resident.

a Full name: _____

b Address: _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

c Full name: _____

d Address: _____

e Do you wish to waive the fiduciary bond requirement? yes no

NOTE: A fiduciary bond is a type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of duties.

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. You may want to discuss the functions of a Durable Power of Attorney and a Living Will with your Provider Law Firm.

If there is any information you think would help us prepare your Will, please include below or on a separate sheet of paper and attach it to this questionnaire.

Confirmation of information and instructions: I confirm the information provided by me in this questionnaire is complete and accurate, and that the instructions I am providing reflect my wishes.

Signature

Date

