

QUESTIONNAIRE FOR LAST WILL AND TESTAMENT

1. Your full name: _____
2. How to reach you: _____ Address: _____
Home phone _____
Work phone _____
Fax _____
E-mail _____
3. If you are married, provide your spouse's full name: _____
4. If you have children, please list below:
- | | |
|----------|---------------------|
| a. _____ | Date of birth _____ |
| b. _____ | Date of birth _____ |
| c. _____ | Date of birth _____ |
| d. _____ | Date of birth _____ |

5. Whom do you select as Executor (and alternate) of your estate?

Name	Relation	County	City	State
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(Alternate) Name	Relation	County	City	State
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6. Does the value of your estate exceed \$700,000? _____
If so, what is the approximate value? _____
7. Does your estate include real property? If so, 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 attach an addendum to this questionnaire detailing your wishes.

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

Name	Relation	County	City	State
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(Alternate) Name	Relation	County	City	State
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10. If you have minor children, and survive your spouse, who do you select as Trustee (and alternate) to manage the estate you may leave to them?

Name	Relation	County	City	State
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(Alternate) Name	Relation	County	City	State
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11. Assuming trust funds are established for 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 you survive both your spouse and children, 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? _____

14. Who do you select as agent (and alternate) to make healthcare decisions if you are incapacitated and what is their relationship to you? _____

