

Will Questionnaire

1) Full name (first, middle, last)

All other names by which you have been known:

Age _____ Date of Birth (DOB) _____ Gender _____

Are you a U.S. Citizen? _____ If no, country of citizenship _____

2) Current Residence

Street address _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

3) If you are married, your spouse's full name

(first, middle, last, maiden) _____

Spouse's DOB: _____ Are you currently living with your spouse? _____

Date of marriage: _____ Place of marriage: _____

4) Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate spousal property? _____

If yes, attach a copy with and filing data.

5) If either you or your spouse has been divorced, please answer the following. (If not, skip to question #6.)

Date of marriage: _____ Date of divorce: _____

Court rendering judgment _____ Date of spouse's death: _____

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

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

- 8)** 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 (y/n)

- 9)**
- a.** Deceased biological or legally adopted children, if applicable

Full name	Son/Daughter	Date of birth	Date of death

- b.** Deceased child's living children, if applicable

Full name	Grandson/Granddaughter	Date of birth	Child of current marriage (y/n)

- 10)** If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? Yes No N/A

If yes, state the following for each:

Full name	Son/Daughter	Date of birth	Parent's Name

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

Full name	Grandson/Granddaughter	Date of birth	Child of current marriage (y/n)

12) Are any of your children or other beneficiaries mentally or physically disabled or have special needs? Yes No If so, note any special provisions:

13) If your children are under age eighteen (18), state the following for the persons you wish to act as their **guardian** (custodian) in the event of your death 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.**

Name(s): _____

Address: _____

Relationship: _____

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

Name(s): _____

Address: _____

Relationship: _____

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

Name(s): _____

Address: _____

Relationship: _____

- 14) Do you want the appointed guardian to also be the **trustee** (conservator) of any assets inherited by the minor children? Yes No

At what age would you like your children to take control from the trustee of any inherited assets? (Must be at least 18 years old.) _____ years old.

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.

Name(s): _____

Address: _____

Relationship: _____

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

Name(s): _____

Address: _____

Relationship: _____

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

Name(s): _____

Address: _____

Relationship: _____

- 15) Indicate how you want your assets to pass when you die.

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 that my spouse and all my children and descendents fail to survive me, I want my assets 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 that my spouse and all my children and descendants fail to survive me, I want my assets distributed as follows:

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

16) Do you wish to disinherit any children or grandchildren? If so, list their names here. If not applicable, please go to question #17.

Note: In certain states it is not possible to completely disinherit a spouse or minor child. Please contact the Law Office of Jennifer McVay Martin for more information.

17) If married and your spouse is still alive, do you want your spouse to serve as your **personal representative/executor**? Yes No

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

Name(s):

Address:

Relationship:

Please list a few alternates in case this person is unwilling or unable to serve:

Name(s): _____

Address: _____

Relationship: _____

Name(s): _____

Address: _____

Relationship: _____

Do you wish to waive the **fiduciary bond** requirement? Yes No

- 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 you would like to leave it to a specific person, please complete the following.

Note: In question #15 you indicated how you would like your assets to pass. Please fill out question #19 ONLY if you desire items with specific or sentimental value to be left to a specific person. (Include separate sheet of paper, if necessary.)

Item	Special Identifying Features	Recipient

- 19)** List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s). * Indicate whether in state or out of state

ASSETS	VALUE			
	Individual Assets	Spouse's Separate Assets	Joint/Community Assets	Joint Assets/Non-Spouse
a. Home				
b. Other real estate				

c. Checking, savings, or credit union accounts & certificates				
1.				
2.				
d. Automobiles & other vehicles				
e. Stocks, Mutual funds & other investments				
f. Interest in a business				
g. Qualified retirement plans (e.g. 401k)				
h. Life Insurance Policies				
i. Miscellaneous				
TOTALS				

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

DEBTS	Individual Debts	Spouse's Separate Debts	Joint/Community Debts	Joint Debts /Non-Spouse
a. Mortgages on home, car, etc.				
b. Signature Loan at Bank				
c. Medical or other expenses				
d. Other debts over \$5,000				
TOTALS				

Confirmation of information and instructions:

I confirm that 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: _____

