

WILL PREPARATION & ESTATE PLANNING QUESTIONNAIRE

Name: _____ Spouse's Name: _____

SSN: _____ SSN: _____

Addresses:

Home: _____ Work: _____

Phone: (Home) _____ (Work) _____ (Other) _____

Send Communications to: _____ Home _____ Work

BENEFICIARIES: CHILDREN, GRANDCHILDREN AND OTHERS

Name	Relationship	DOB/Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GUARDIAN FOR MINOR OR HANDICAPPED CHILDREN**

Husband

Wife

First Choice: _____

Relationship: _____

Second Choice: _____

Relationship: _____

EXECUTOR OR EXECUTRIX**

Husband

Wife

First Choice: _____

Relationship: _____

Second Choice: _____

Relationship: _____

POWER OF ATTORNEY

Who is to manage your financial, personal and medical affairs if you become disabled:

Husband

Wife

First Choice: _____

Relationship: _____

Second Choice: _____

Relationship: _____

DISTRIBUTION OF PROPERTY

Briefly describe the person or persons to receive your property when you die:

LIVING WILL

Do you want to consider a living will authorizing your physician to withhold medical assistance if you are suffering from a terminal condition and cannot give you physician instructions?

Husband: _____ No _____ Yes _____ Maybe

Wife: _____ No _____ Yes _____ Maybe

Do you wish to donate your organs or tissues for transplantation?

Husband: _____ No _____ Yes _____ Specify if less than all organs and tissues

Wife: _____ No _____ Yes _____ Specify if less than all organs and tissues

LIFE INSURANCE, RETIREMENT BENEFITS, INCOME AND DEBTS

Insured	Named Beneficiary	Provided by Employer	Face Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETIREMENT BENEFITS

Company	Primary Beneficiary	Secondary Beneficiary	Current Value
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Husband:

Company	Primary Beneficiary	Secondary Beneficiary	Current Value
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Wife:

MAJOR DEBTS

(Such as mortgages, automobiles, large personal unsecured debts or business debts)

ASSETS

(Estimated Current Fair Market Values)

Description of Assets	Husband's Name	Wife's Name	Joint Name with Right of Survivorship
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Principal Residence:

Location/Mortgage:	Balance:
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Other Real Estate:

STOCKS & BONDS

Type/Broker:

BANK OR MONEY MARKET ACCOUNTS

Type/Institution:

BUSINESS INTERESTS

Description:

ALL OTHER PROPERTY

Description: (i.e. household effects; vehicles)
