

WILLS AND ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

In order that we may be better equipped to advise you regarding your will and estate plan, please fill out this questionnaire to the best of your ability. Please estimate the value as accurately as you can. (Approximate values are fine.)

**YOU WILL NEED TO ALLOW ONE HOUR FOR YOUR INITIAL CONSULTATION APPOINTMENT**

ATTORNEYS

Rodney L. Purser – University Office

Julie B. Glenn – South Office

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Office Location: University \_\_\_\_\_ South \_\_\_\_\_

**INFORMATION ABOUT YOU AND YOUR SPOUSE**

Your Name As You Normally Sign: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Spouse's Name As Normally  
Signed: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

If Widowed, Date of Spouse's/Partner's Death \_\_\_\_\_

Primary Home Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Your Social Security Number \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Are You Married Now?    Yes        No

Have Either of You Been Married Previously?    Yes        No

**YOUR CHILDREN**

Full Legal Name:                      Child of:                      Birth Date:                      Married To:                      City/State:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR GRANDCHILDREN**

Full Legal Name:      Child Of:                      Birth Date:                      City/State

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**OTHER BENEFICIARIES**

Please list the following information for all other intended beneficiaries under your will;

Full Legal Name:                      Relationship:                      Birth Date:                      City/State:

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**YOUR EXECUTOR**

Who do you want to handle your estate/financial affairs at your death? Please list in order of priority.

PRIMARY: \_\_\_\_\_

ALTERNATE: \_\_\_\_\_

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**YOUR TRUSTEE (If Applicable)**

Are you creating a Trust for a minor child or other beneficiary? If so, who would you want to be Trustee for any Trusts created under your Will-in order of priority?

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**Disabilities**-Does anyone in your family, or any of your beneficiaries have any special needs due to physical or mental disability? If so please list them below.

Name	Relationship	Disability
_____	_____	_____
_____	_____	_____

**Beneficiaries**-Please briefly describe how you would like your property to be distributed after your death. We will go into more detail at your first conference.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GUARDIAN FOR MINOR CHILDREN**-If you have minor children (under 18 years of age) and are unable to take care of them, or you are deceased who would you want to be Legal Guardians of your children? Please provide at least two people (full legal names) and their addresses and home and/or cell phone numbers.

1. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

2. \_\_\_\_\_  
Name Address  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**DURABLE POWER OF ATTORNEY**-Who do you want to handle your financial and personal affairs if you become incapacitated: Please provide at least two people (full legal names).

\_\_\_\_\_

\_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY**-If you are incapacitated and unable to make health care decisions for yourself, who do you want to make health care decisions for you? Please provide at least two full legal names, home addresses and home and/or cell phone numbers in the order which you want them to serve.

1. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**MISCELLANEOUS**

Do you presently have a Will? No \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_  
If Yes please bring a copy to your appointment.

Do you presently have a trust? No \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_  
Revocable or Non-Revocable? \_\_\_\_\_  
If Yes please bring a copy to your appointment.

**CREMATION**-Do you wish to be cremated? Yes \_\_\_\_\_ No \_\_\_\_\_

**INHERITANCE**-Do you anticipate receiving an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

**TRUSTS**-Are you the beneficiary, Trustee or Grantor of any trust? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, we would appreciate your providing us with a copy of the trust document.

**SAFE DEPOSIT BOX**-Do you have a safe deposit box? Yes \_\_\_\_\_ No \_\_\_\_\_

Bank/Branch \_\_\_\_\_

**OTHER PROFESSIONALS**-If applicable, please provide the names of your CPA and/or Financial Planner, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL SUMMARY**

If married, do either of you have separate property? Yes \_\_\_ No \_\_\_

If yes, value of your property \_\_\_\_\_ Spouse's \_\_\_\_\_

Value of your joint property \_\_\_\_\_

1. Do you own a home or any other real estate?

ADDRESS	CITY/STATE	APPROX. VALUE	MORTGAGE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you own any vehicles, boats, etc.?

**DESCRIPTION**

_____
_____
_____

3. Do you have any checking or savings accounts?

NAME OF BANK	OWNER(S)	NAME OF BENEFICIARY (If applicable)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you own any IRA, 401k, 403b, TSP or Pension Plans?

COMPANY	ACCT. NO.	BENEFICIARY(IES)	APPROX. VALUE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you own any life insurance policies and/or annuities?

COMPANY	POLICY NO.	BENEFICIARY(IES)	DEATH BENEFIT
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