
LAST WILL AND TESTAMENT QUESTIONNAIRE

1. Please state your full name and address, including the town and state in which you presently live:

Full Name:

Address:

2. Please provide the full names, gender, dates of birth, of your children and the type of relationship you have (bio/step/adopted):

Full Name

D.O.B.

Gender

Relationship

3. Please identify the person (or persons) you would like to designate as the guardian of your children (if under the age of 18), and include address, city and state of residence. Also, please identify your second choice for this position if your first choice is incapable or elects not to serve in this capacity.

First Choice

Name:

Address:

Second Choice

Name:

Address:

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4. Please identify the person (or persons) you would like to handle the administration of your estate through the probate process. (This person is known as the Executor or Executrix of your estate.) Include the full name and address of the designated person (s). Also, please designate your second choice if your first choice is incapable or elects not to serve in this capacity.

First Choice (usually your spouse)

Name:

Address:

Second Choice

Name:

Address:

5. Please identify each individual you would like to give a part, or all, of your estate. Please provide full name and address of each beneficiary, and indicate what portion of your estate is to be given to each beneficiary. (Again, this is usually your spouse.) If the named person(s) cannot act as beneficiary, please name an alternate beneficiary.

Beneficiary

Name:

Address:

Estate Portion:

Alternate

Name:

Address:

Estate Portion:

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6. Do you have any jewelry or other miscellaneous items that you wish to specifically distribute to someone special? If so, please explain below.
7. Who would you like to appoint as “Healthcare Agent” to make all healthcare decisions for you in the event that you are unable to do so?

7.1 Alternative Healthcare Agent?

7.2 Life Support? (Yes or No)

In the event that you are terminal as diagnosed by your treating physician (meaning you will not survive absent breathing apparatus and/or life support machines), do you wish to be kept alive on life support machines? (recall Terry Schaivo matter a couple years ago)

8. Would you like to convey Power of Attorney to someone so that they may make decisions and sign your name on legal documents related to property, bank accounts, finances, and any other legal issues that may arise?

Choice 1:

Name:

Address:

Alternate

Name:

Address:

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9. Do you wish to have a burial or cremation?

10. Do you wish to be an organ donor?

If YES, for the purposes of those who need them, for academic purposes or for any purpose at all pursuant to statute?

*Thank you for taking the time to complete this Will Questionnaire. Upon completion of initial drafts of your will, I will email it to you for your review. When we have a final draft ready, we will schedule a meeting to sign the Will before two (2) disinterested witnesses, one of which may be myself. I will notarize as Commissioner of Superior Court.