

PRELIMINARY WILL QUESTIONNAIRE

1. Your Name: _____ Date of Birth: _____

2. Spouse's Name: _____ Date of Birth: _____

3. Current Address: _____
Home Phone: _____

4. Prior Marriages:
Name of former spouse: _____
How did marriage end: _____
Date marriage ended: _____
Do you owe child support, alimony, etc? _____

5. Heirs:
A. Name of children: _____

B. Children's addresses: _____

C. Birth date of each child: _____

D. Designate which child(ren) is (are) from a different marriage (if applicable):

E. Name of married children's spouses: _____

F. Name of grandchildren (and their parents): _____

G. Designate whether grandchildren are adopted or natural: _____

6. How do you want your estate distributed? (check the appropriate box)

To living spouse then equally to children:
To children equally-omit spouse:
Other (please explain):

7. Fiduciaries:

	First Choice	Second Choice
Personal Representative (Executor):	_____	_____
Trustee of any trusts created:	_____	_____
Guardian of Minor(s)	_____	_____

8. Advisors:

Name and Addresses

Legal: _____
Accounting: _____
Insurance: _____
Banking: _____
Investments: _____
Other: _____

9. Answer the following questions either YES or NO. If the answer yes, please explain on the back of this form.

	YES	NO
a. Are there special needs of family members because of health, disability, education, preserve farm or business to prevent sale?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there specific items of property that you wish to give to anyone?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you wish to favor a charity?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you in a partnership, investment trust or closely held corporation (list name)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Will you inherit property (explain source and estimated value)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you made gifts in excess of \$10,000 per year per person (attach copy of gift tax return, if any otherwise, list name, date; describe gift and value)?	<input type="checkbox"/>	<input type="checkbox"/>

g. Have you created a trust, or are you the beneficiary of a trust or do you hold any powers of appointment?

h. Are you a part of a pension or profit sharing plan, an IRA or deferred compensation plan?

10. Where do you keep your important papers: _____

11. What are your burial plans? _____
