

QUESTIONNAIRE
LAST WILL & TESTAMENT

Date _____

FAMILY DATA

Your Name: _____

Phone Number (include area code): _____

Address: _____

Marital Status: _____

Spouse's Full Name: _____

Number of Children: _____

Name: _____ (if minor state date of birth: _____)

Name: _____ (if minor state date of birth: _____)

Name: _____ (if minor state date of birth: _____)

Name: _____ (if minor state date of birth: _____)

Are more children anticipated? (Yes/ No) _____

No Child, but children are anticipated. (Yes/No) _____

Are Pretermitted children to be provided for in this will?

(Children who are not born yet.) (Yes/No) _____

OTHER DEPENDENTS

Name: _____

Relation: _____

Name: _____

Relation: _____

DOMICILE OF CLIENT

Home Address: _____

City: _____ County _____ State: _____

Other Residences:

Address: _____

City _____ County _____ State _____

Address: _____

City _____ County _____ State _____

BUSINESSES

Name of Business _____

Address: _____

Phone: _____

Type of Business: _____

Form of Ownership _____

Sole Proprietor: _____

PREVIOUS MARRIAGES:

NAME

DIVORCE/DEATH

CHILDREN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WILL INFORMATION

Executor: _____

Alternate Executor: _____

Guardian for Children: _____

Alternate Guardian: _____

TESTAMENTARY TRUST FOR CHILDREN:

Trustee: _____

Alternate Trustee: _____

Separate Trust for each child or Joint Trust?: _____

Age of child when trust ends?: _____

Each Child: _____

Youngest Child: _____

Any special provisions for trust other than health, education and welfare provisions?:

COMMON ACCIDENT PROVISIONS FOR SPOUSE (if you both die at the same time, what should happen to your estate?):

SPECIFIC BEQUESTS FOR SPOUSE:

SPECIFIC BEQUESTS FOR OTHERS:
