

If you have children, including adopted children, state the Name, Sex, Date of Birth, and the type of relationship (i.e. Biological, Step, Adopted) for each child:

Full name	M/F	Date of Birth	Bio/Step/Adopted

Name and date of a deceased child or children:

Full name	M/F	Date of Death	Bio/Step/Adopted

Name of deceased child's living children:

Full name	M/F	Date of Birth	Bio/Step/Adopted

Do you and your spouse have a Prenuptial Agreement, which identifies and disposes of separate spousal property? Yes No (If yes, attach copy with any filing data.)

Have you created any trusts or made gifts to any trust? If yes, describe:

Do you have a date on which you expect to have any inheritance distributed to you?

If so, state from whom and how much:

Please indicate, by checking the appropriate option, how you want your assets to pass when you die.

_____ Option A: I want my assets to pass to my spouse and children as follows:

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

_____ Option B: I am unmarried with children and want my assets to pass:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

_____ Option C: None of the above. I want my assets to pass:

None of the above. I want my assets to pass:

At what age(s) do you want the monies to be distributed to your children/beneficiaries? List percentages:

____% at ____ years old; ____% at ____ years old; ____% at ____ years old.

Other: _____

EXECUTOR – The person charged with administering your estate, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called personal representative (executor).

State the name and address of the person you wish to serve in this role. Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

SECOND SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)? Yes No

NOTE: A fiduciary bond is a type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of duties.

CHILDREN

If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will.

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

GUARDIAN(S)

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as guardian, please list an alternate:

SUCCESSOR GUARDIAN(S)

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If you want the guardian to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually, COLA, salary reimbursement to stay at home, etc.). _____

Do you want the appointed guardian also to be the conservator of any assets inherited by the minor child/ren?

NOTE: A conservator is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other capacity. Yes No

If no, please list the person or entity you wish to act as their conservator. You should obtain the consent of that person or entity before executing your Will.

CONSERVATOR(S)

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as conservator, please list a successor:

SUCCESSOR CONSERVATOR(S)

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If you want the conservator to receive a stipend/compensation for taking on the responsibilities of managing the trust assets, please set forth the details (e.g. monthly, annually, COLA, etc.).

WILL /POUR-OVER WILL (with a trust) – The person charged with administering your estate, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called personal representative (executor).

State the name and address of the person you wish to serve in this role. Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

SECOND SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)? Yes No

NOTE: A fiduciary bond is a type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of duties.

TRUST /CHILD'S TRUST (with a will if there is minor children) – The person charged with administering your estate through your trust, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called a trustee. State the name and address of the person you wish to serve in this role.

FIRST SUCCESSOR TRUSTEE

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a trustee, please list an alternate:

SECOND SUCCESSOR TRUSTEE

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)? Yes No

NOTE: A fiduciary bond is a type of surety bond required by the court to ensure proper performance of duties.

OUTSIDE OF WILL ISSUES

In what place and manner do you wish for your remains to be disposed of?

State the name and address of the person you wish to serve in this role. Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Telephone: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

SECOND SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Telephone: _____

Relationship (if any): _____

Execution of a Will/Trust is the best way to determine how your property will be distributed; however, it cannot address important issues regarding health care decisions.

You may want to discuss the functions of a Health Care Power of Attorney and a Living Will with our office. These issues should be discussed prior to drafting these documents with the person named as agent.

If you become incapacitated, whom do you want to make health care decisions for you?

Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

SECOND SUCCESSOR

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Here are some general statements about choices you have as to health care you want at the end of your life. Put a check next to whichever choices best fit your wishes.

___ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

___ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

___ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

___ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

___ Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

___ Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.

___ Artificially administered food and fluids.

___ Pregnancy: Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

___ Treatment Until My Medical Condition is Reasonably Known: Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

___ Direction to Prolong My Life: I want my life to be prolonged for _____ (amount of time).

___ Direction to Prolong My Life: I want my life to be prolonged to the greatest extent possible.

___ Other Directions: _____

Do you wish to donate your organs for the following purposes?

Transplantations Yes No Research Yes No Studies Yes No

In addition to a Last Will and Health Care documents many individuals ask to receive a General Durable Power of Attorney that becomes "EFFECTIVE UPON INCAPACITATION". This document allows an individual's designated 'Attorney-In-Fact' to act for him in all financial matters during any time that the

individual is incapacitated due to medical or other problems. The Attorney-In-Fact will have full control over your financial future; therefore, you need to make sure only to select trustworthy individuals to act in such an important capacity for you.

Do you want a General Durable Power of Attorney? Yes No

If yes, then who do you wish to be your Attorney-In-Fact? Spouse first? Yes No

Successor or if not spouse:

SUCCESSOR/PRIMARY ATTORNEY-IN-FACT

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If the person listed above is unwilling or unable to perform these duties, please list an alternate:

SUCCESSOR ATTORNEY-IN-FACT

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

In addition many individuals declare a Guardian in the event of later incompetency or other need arises. This document allows an individual's designated Guardian to act for him in all personal and estate matters during any time that the individual is incapacitated due to medical or other problems, such as

Alzheimer's. The Guardian will have full control over your financial future; therefore, you need to make sure only to select trustworthy individuals to act in such an important capacity for you.

Do you want to declare a Guardian? Yes No

If yes, then who do you wish to be your Guardian? Spouse first? Yes No

Successor or if not spouse:

SUCCESSOR/PRIMARY GUARDIAN

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

Are there any family members who you expressly do not want to become your Guardian? Yes No

Name(s): _____

Address: ` _____

City: _____ County: _____

State: _____ Zip code: _____

Relationship (if any): _____

If there is any other information you think would help us prepare your Will, please include below or on a separate sheet of paper and attach it to this questionnaire.
