

Will Questionnaire

Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

DOB: _____

Marital Status: _____

Name of Spouse: _____

Spouse Date of Birth: _____

Spouse Place of Birth: _____

Children:

Name and age and addresses of children from this relationship:

Name and age and addresses of children from previous relationships:

Beneficiaries: (List who you wish to inherit your estate: example spouse and if spouse should predecease you to children in equal shares)

Executors: (List who you wish to be your Executor, person who will be in charge of administering your estate as set out in your Will)

Alternative Executor:

Guardian :(List who you wish to be your Guardian for your minor child(ren))

Alternative Guardian:

Funeral Arrangements:

Location of Will:

Other: (Type in further information we should know about your Will, charities, gifts to certain beneficiaries, dependent children):

Power of Attorney and Representation Agreement: (If applicable):

Name and address of Attorney for Power of Attorney:

Power of Attorney to have effect immediately or on loss of mental capacity?
(circle applicable)

Name and Address of Medical Guardian for Living Will:
