

WILL QUESTIONNAIRE

1. **PERSONAL AND FAMILY DATA**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If either Husband or Wife has been married before, please furnish below the following information:

Name of Former Spouse \_\_\_\_\_

Date & Cause of Termination of Marriage (death, divorce, etc) \_\_\_\_\_

Children (please indicate if adopted or by a former marriage):

<u>NAME</u>	<u>AGE</u>	<u>PLACE OF RESIDENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **FINANCIAL DATA**

<u>ASSET</u>	<u>VALUE</u>
Life Insurance Policies	_____
Savings (average balance)	_____
Securities (stocks, bonds, etc.)	_____
Household goods	_____
Vehicles	_____
Residence	_____
Other Real Property	_____
Other Assets: _____	_____
_____	_____
_____	_____

**3. DISPOSITION OF PROPERTY**

1. If you are married, do you want to leave your entire estate to your spouse? \_\_\_\_\_

a. If not, to whom do you want to leave your estate? \_\_\_\_\_  
\_\_\_\_\_

b. If you do want to leave your estate to your spouse, who do you want to leave it to if you spouse does not survive you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you want to make any specific bequests or include any special terms in your Will? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney's Notes: Per Capita \_\_\_\_\_ Per Stirpes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. SELECTION OF REPRESENTATIVES

Husband's Will

Wife's Will

**Executor**

(You must name at least one person to manage your estate upon your death. In the event that the named person cannot fulfill his or duties as Executor, you should name at least one Alternate and preferably two.)

Name \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**1<sup>st</sup> Alternate** \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**2<sup>nd</sup> Alternate** \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Guardian** (In the event there are minor children and neither Husband nor Wife survive, you must name a Guardian to care for your minor children)

Name \_\_\_\_\_

Alternate \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Trustee** (In the event there are minor children and neither Husband nor Wife survive, you must name a Trustee to manage the estate for the minor children. You may name the same person you named as Guardian, or you may name a different person.)

Name \_\_\_\_\_

Alternate \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**5. POWER OF ATTORNEY**

A power of attorney is an instrument by which one person (the principal) grants to another (the agent) the power to perform certain acts on his or her behalf. Two types of powers of attorney are common in the estate planning field, namely the power of attorney for health care and the durable power of attorney.

The Texas Probate Code provides a means for an individual to designate another person to handle his/her affairs. The Durable Power of Attorney may take effect immediately or only upon disability. It can be drafted to provide narrow or extensive powers in the agent. It can provide for a definite termination or be perpetual until specifically revoked by the maker. A properly drafted and executed Durable Power of Attorney is inexpensive and should avoid the necessity for a costly court managed guardianship.

If you do not have a Durable Power of Attorney and/or a Power of Attorney for Health Care and wish to have us prepare these for you, please answer the following questions:

Name of the Person you wish to appoint: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

1<sup>st</sup> Alternate, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

2nd Alternate, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Do you want the Power of Attorney to:  
\_\_\_\_\_ Be effective upon your disability OR \_\_\_\_\_ Be effective Immediately

What type of Power of Attorney would you like?  
\_\_\_\_\_ Durable \_\_\_\_\_ POA for Health Care \_\_\_\_\_ Both