



WILL QUESTIONNAIRE

GENERAL INFORMATION

Contact Name:			
Daytime Phone #:		Evening/Home Phone #:	
Email:			
Services you are interested in:	<input type="checkbox"/> Will	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Health Care Power of Attorney
	<input type="checkbox"/> Living		

INFORMATION FOR ATTORNEY

Full Name:			
Mailing Address:			
Date of Birth:		Social Security #:	

Please answer all of the following questions as completely as possible. Include full names, birth dates, places of residence, and/or locations of people or organizations.

What is the name of your primary beneficiary?			
1	Are there any specific bequests?		
2	Who do you name as executor?		
3	Who do you name as alternate executor?		
4	Who is your secondary beneficiary?		
5	If your primary & secondary beneficiary is not available, who is your alternate beneficiary?		
6	Who do you name as guardian for your minor children?		
7	Who do you name as alternate guardian for your minor children?		
8	Who do you name as Trustee of the trust for your minor children/beneficiary?		
9	When should the Trust end? (ages and/or events)		
10	Any other questions and/or issues?		