

## LAST WILL AND TESTAMENT QUESTIONNAIRE ©

Date created: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Potential Client Information

Name of Client \_\_\_\_\_ DOB \_\_\_\_\_

Client Address \_\_\_\_\_  
\_\_\_\_\_

County of Residence \_\_\_\_\_ Current Age \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Does the Potential Client have any of the following? [Please check]

- 1)  Will
- 2)  Power of Attorney – Health Care
- 3)  Power of Attorney – Durable, Springing
- 4)  Living Will
- 5)  Trust or Trusts, such as a Living Trust

Which services does the Potential Client wish to be provided? [Please check]

- 1)  Will
- 2)  Power of Attorney for Health Care
- 3)  Living Will
- 4)  I would like to learn more about these options at the upcoming meeting.

If desired, you may select the option that reflects your wishes below: [Please check]

- 1)  Leave everything to your spouse, then to your living children equally.
- 2)  You have no spouse, leave everything to your living children equally.
- 3)  Leave everything to your trust.



Please list **all** of your living children, including age, date of birth, and current address:

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Age</u>

If any of your living children are under a disability, please name the child and the disability.

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Name: \_\_\_\_\_ Disability: \_\_\_\_\_

Is it your desire to disinherit any child or spouse from your will? \_\_\_\_\_

If so, please name the person or persons and explain. \_\_\_\_\_

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

Are there other persons, apart from your spouse, closest living relatives, or your children, that you wish to receive your assets upon your death? \_\_\_\_\_ If so, please identify those persons below.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Are there other entities, such as charities or businesses, that you desire to receive your assets upon your death? \_\_\_\_\_

If so, please identify those entities below.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

**Post-Death Instructions**

Funeral Arrangements have been made by: \_\_\_\_\_

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

Instructions to funeral home include: \_\_\_\_\_

Special instructions for funeral home or family: \_\_\_\_\_

You plan on keeping your legal documents at: \_\_\_\_\_

**Estate Property Summary**

Real estate: (Please indicate the address and how the property is owned – joint ownership, etc).

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

Life Insurance:

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Income sources: [ ] Social Security \$ \_\_\_\_\_ / Month

Pension \$ \_\_\_\_\_ / Month Pension provider: \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ / Month

Other \_\_\_\_\_ \$ \_\_\_\_\_ / Month

Bank Accounts/ Credit Union Accounts:

Bank Name and Branch: \_\_\_\_\_

Account Number (optional) \_\_\_\_\_ Owners: \_\_\_\_\_

Signatories: \_\_\_\_\_

Type of Account (savings, checking, money market, payable on death): \_\_\_\_\_

Approximate balance (optional) \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Account Number (optional) \_\_\_\_\_ Owners: \_\_\_\_\_

Signatories: \_\_\_\_\_

Type of Account (savings, checking, money market, payable on death): \_\_\_\_\_

Approximate balance (optional) \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Account Number (optional) \_\_\_\_\_ Owners: \_\_\_\_\_

Signatories: \_\_\_\_\_

Type of Account (savings, checking, money market, payable on death): \_\_\_\_\_

Approximate balance (optional) \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

Account Number (optional) \_\_\_\_\_ Owners: \_\_\_\_\_

Signatories: \_\_\_\_\_

Type of Account (savings, checking, money market, payable on death): \_\_\_\_\_

Approximate balance (optional) \_\_\_\_\_

Other Assets: (401k, IRA, Annuity, Stocks, Bonds)

Type of Holding: \_\_\_\_\_ Bank/Company: \_\_\_\_\_

Account Number (Optional): \_\_\_\_\_

Owners/ Beneficiaries: \_\_\_\_\_

Type of Holding: \_\_\_\_\_ Bank/Company: \_\_\_\_\_

Account Number (Optional): \_\_\_\_\_

Owners/ Beneficiaries: \_\_\_\_\_

Type of Holding: \_\_\_\_\_ Bank/Company: \_\_\_\_\_

Account Number (Optional): \_\_\_\_\_

Owners/ Beneficiaries: \_\_\_\_\_

**Business Interests:**

Name of Business: \_\_\_\_\_

Owners: \_\_\_\_\_

Percentage Owned by Client: \_\_\_\_\_

Valuation of Interest Owned: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owners: \_\_\_\_\_

Percentage Owned by Client: \_\_\_\_\_

Valuation of Interest Owned: \_\_\_\_\_

**Estate Nominations**

**Executor:** (This is the person charged with handling your estate.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Executor:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Has either of your nominees for executor, to your knowledge, been convicted of a felony, endured a bankruptcy, or had any identifiable problems handling finances or obeying the law? \_\_\_\_\_

Your executor may be required to post a bond, make formal inventories of your estate, and make a formal accounting to the Court, unless you waive those requirements. Will you waive those requirements? \_\_\_\_\_

Guardian: (This is the person charged with the care of your minor children or persons under a disability).

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Guardian:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Has either of your nominees for guardian, to your knowledge, been convicted of a felony, endured a bankruptcy, or had any identifiable problems handling finances or obeying the law? \_\_\_\_\_

Have you told your nominees for guardian that you are asking them to serve, and have they agreed to serve? \_\_\_\_\_

**CERTIFICATION**

**I hereby acknowledge that the information provided in this document, entitled the "Last Will and Testament**

**Questionnaire”, is provided for the purpose of assisting Hill Law in generating a Last Will and Testament on behalf of the potential client identified below. I certify that all information provided within this questionnaire is true and accurate to the best of my knowledge, and that the descriptions I have made within this questionnaire accurately reflect the wishes and desires of the potential client, and that those desires have been generated free from coercive efforts or undue influences.**

Name of Potential Client (Print):

\_\_\_\_\_

Signature of Potential Client: \_\_\_\_\_ Date: \_\_\_\_\_

**If this document has been prepared by someone other than the potential client, or someone has assisted the potential client in preparing this document, this person makes the same certification described above as if repeated herein verbatim through their signature below:**

Name of Preparer (Print): \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

This document has been developed by Hill Law for use in this law practice and it is protected by copyright law. Distribution without the explicit, written permission of Adam R. Hill or Hill Law is strictly prohibited.