



## WILLS CLINIC QUESTIONNAIRE

FULL LEGAL NAME:

MARITAL STATUS:     Single     Married     Divorced     Widowed

DATE OF BIRTH:

MAILING ADDRESS:

RESIDING COUNTY:

TELEPHONE:

NUMBER OF CHILDREN (Biological or adoptive):

## DOCUMENTS REQUESTED FROM CLIENT

Please check all of the documents you would like to have prepared:

- LAST WILL AND TESTAMENT
- LIVING WILL
- STATUTORY/FINANCIAL POWER OF ATTORNEY
- HEALTHCARE POWER OF ATTORNEY
- DECLARATION OF FUNERAL ARRANGEMENTS
- TRANSFER ON DEATH (PROPERTY)
- TRANSFER BENEFICIARY AFFIDAVIT FOR VEHICLE

**LAST WILL & TESTAMENT** (check box if requested)

**CHILDREN NAMES, ADDRESSES, BIRTHDATES, AND TELEPHONE**

Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:	Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:
Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:	Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:
Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:	Name: Son/Daughter: Address: City/State/Zip: Birth Date: Telephone:

**\*\*Do you have any other biological or adoptive children?** (We need information for ALL of your children, even if you wish to disinherit them.)

YES (add above)

NO

**IF THERE IS ANYONE ELSE YOU WISH TO INHERIT FROM YOUR ESTATE, PLEASE LIST THEM BELOW** (*i.e.*, my niece, Fredericka Wilson, my nephew, Philip Wilson, my best friend)

Name: Relationship: Address: City/State/Zip: Birth Date: Telephone:	Name: Relationship: Address: City/State/Zip: Birth Date: Telephone:
Name: Relationship: Address: City/State/Zip: Birth Date: Telephone:	Name: Relationship: Address: City/State/Zip: Birth Date: Telephone:

**FOR APPOINTMENT OF EXECUTOR OF WILL:**

Executor Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Successor Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**DO YOU WISH TO HAVE SPECIFIC GIFTS?**    **NO**                       **YES**

*If yes, state all things you want to give to specific people in your Will.*

<b>NAME OF THE PERSON</b>	<b>SPECIFIC GIFTS</b>

**Do you have any children (biological or adoptive) that you wish to disinherit?**

**NO**                       **YES**

**If Yes, please provide the child(ren)'s name and date of birth**

\_\_\_\_\_

\_\_\_\_\_

**WHO DO YOU WANT TO INHERIT THE REMAINDER OF YOUR ESTATE?**

NAME OF PERSON	PERCENTAGE OF REMAINDER

**If more than 1 person is set to inherit the remainder of the estate, is the inheritance per stirpes or per capita?**

- PER STIRPES** (if one person in the group passes away before they inherit, their portion goes to his/her heirs)
- PER CAPITA** (if one person in the group passes away before they inherit, their portion goes to those remaining in the group)

**DO YOU OWN PROPERTY?**      **NO**                       **YES**

*If yes, list the full address of the property(s) and the counties where they are located.*


**DO YOU OWN A VEHICLE?**

*If yes, list make, model, year, VIN.*

MAKE	MODEL	YEAR	VIN

**DO YOU WISH TO BE CREMATED?**                       **NO**                       **YES**

**DO YOU HAVE A BURIAL CONTRACT?**                       **NO**                       **YES**

*If Yes, please bring the contract to the clinic.*

**MEDICAL – ADVANCED DIRECTIVES** (check boxes if requested)

- HEALTH CARE POWER OF ATTORNEY
- LIVING WILL DECLARATION

FIRST AGENT NAME + ADDRESS	SECOND AGENT NAME + ADDRESS

If you become completely unable to care for yourself, someone may apply to the court to be your guardian. A guardian of the estate would manage your financial affairs. A guardian of the person would manage your personal affairs and daily decisions. The nominations for guardian **can** be the same person. If a guardianship is necessary, the court will have the final decision as to who is appointed, but having designated individuals identified is a good way to tell the court who you feel would be best suited to be your guardian.

GUARDIAN OF ESTATE:	GUARDIAN OF PERSON:
First Agent: _____	First Agent: _____
Second Agent: _____	Second Agent: _____

DO YOU WISH TO BE AN ORGAN DONOR?     NO     YES

DO YOU WISH TO HAVE LIFE SUPPORT REMOVED?     NO     YES

DO YOU HAVE OTHER INSTRUCTIONS REGARDING END OF LIFE CARE?

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**FINANCIAL POWER OF ATTORNEY (POA)** (check box if requested)

FIRST AGENT	SECOND AGENT

DO YOU HAVE A CURRENT Power of Attorney (other than bank)?     NO     YES

1. **Drafter** - if yes, add revocation clause in special instructions.