

WILL QUESTIONNAIRE – SINGLE

Initial conference date: _____ Signing date: _____

Full Legal Name		nickname
Social Security Number		Citizenship
Birth date and birthplace		
email		occupation
Military dates, branch, #		
Major Health problems		
Home phone: _____ Cell phone: _____ Other phones: _____		
Home address		

May we use an email address to send you information or ask questions? Yes _____ No _____**If yes, what email address should we use? _____****CHILDREN**

Please list all children (first name, middle name, last name). For any predeceased children, provide dates of death. List the child even if they are not getting anything from you. Give as much information as you can about each child, including Social Security Number if possible. If a child has some specific problem we should be aware of (a disability – especially if on a governmental aid program, criminal history, substance abuse, estrangement, etc.) please note that on Page 6.

1. Child's Legal Name		
Birth date & place		
E-mail address		SS #
Spouse's name		
Address		
All Phone numbers		
Child 1's children's names and ages		

2. Child's Legal Name		
Birth date & place		
E-mail address		SS #
Spouse's name		
Address		
All Phone numbers		
Child 2's children's names and ages		

3. Child's Legal Name		
Birth date & place		
E-mail address		SS #
Spouse's name		
Address		
All Phone numbers		
Child 3's children's names and ages		

DO YOU HAVE ANY OF THE FOLLOWING: IF SO, PLEASE BRING COPIES TO OUR FIRST MEETING OR, IF POSSIBLE, DELIVER THEM TO OUR OFFICE FOR REVIEW PRIOR TO OUR MEETING

- _____ An existing will
- _____ An existing trust
- _____ Life Insurance. Attach a schedule showing amount, on whom, # etc. on each policy
- _____ Second or seasonal residence. Please bring a copy of the deed (s)
- _____ Any real estate outside of Idaho. Please bring a copy of the deed (s)
- _____ Financial Power of Attorney.
- _____ Medical Power of Attorney
- _____ Bit Coins or other Crypto currencies
- _____ Time shares. Please bring all documents.

Have you ever filed a gift tax return (Form 709)? _____ yes, _____ no

Idaho Counties where own property: _____

What bank(s) do you use? _____

PLEASE LIST YOUR CHOICES FOR ALL OF THE FOLLOWING (MEDICAL AND FINANCIAL POWERS, PERSONAL REPRESENTATIVE, GUARDIANS IF APPROPRIATE, TRUSTEES IF APPROPRIATE). WE NEED ADDRESSES, PHONE NUMBERS, AND EMAILS ADDRESSES FOR EACH CHOICE. ALWAYS LIST 4 CHOICES:

MEDICAL POWER: WHO WOULD YOU LIKE TO MAKE MEDICAL DECISIONS FOR YOU IF YOU ARE UNABLE TO MAKE OR COMMUNICATE YOUR WISHES?

1. Name	relationship to you
Address	e-mail
Phone numbers	

2. Name	relationship to you
Address	e-mail
Phone numbers	

3. Name	relationship to you
Address	e-mail
Phone numbers	

4. Name	relationship to you
Address	e-mail
Phone numbers	

FINANCIAL POWER: WHO WOULD HANDLE YOUR FINANCIAL MATTERS IF YOU ARE UNABLE TO DO THAT?

1. Name	relationship to you
Address	e-mail
Phone numbers	

2. Name	relationship to you
Address	e-mail
Phone numbers	

3. Name	relationship to you
Address	e-mail
Phone numbers	

4. Name	relationship to you
Address	e-mail
Phone numbers	

PERSONAL REPRESENTATIVE: WHO WOULD BE IN CHARGE OF HANDLING YOUR ESTATE IN PROBATE?

1. Name	relationship to you
Address	e-mail
Phone numbers	

2. Name	relationship to you
Address	e-mail
Phone numbers	

3. Name	relationship to you
Address	e-mail
Phone numbers	

4. Name	relationship to you
Address	e-mail
Phone numbers	

IF YOU HAVE MINOR OR DISABLED CHILDREN, WHO WOULD YOU LIKE TO NAME AS GUARDIAN(S) TO TAKE CARE OF THE CHILDREN?

1. Name	relationship to you
Address	e-mail
Phone numbers	

2. Name	relationship to you
Address	e-mail
Phone numbers	

3. Name	relationship to you
Address	e-mail
Phone numbers	

IF YOU HAVE CHILDREN OR GRANDCHILDREN THAT MAY BECOME BENEFICIARIES OF YOUR ESTATE AND YOU WANT FUNDS HELD IN TRUST FOR THEM UNTIL THEY REACH A SPECIFIC AGE (PERHAPS 25), WHO WOULD YOU LIKE TO HANDLE THE FUNDS FOR THE CHILDREN AS TRUSTEE? TO WHAT AGE SHOULD FUNDS BE HELD (YOU CAN SPECIFY MULTIPLE AGES TO GIVE A PORTION OF THE TRUST, FOR EXAMPLE ONE-THIRD AT AGE 25, ONE HALF OF THE REMAINDER AT AGE 30, AND THE BALANCE AT AGE 35):

AGE(S) _____

TRUSTEE LIST

1. Name	relationship to you
Address	e-mail
Phone numbers	

2. Name	relationship to you
Address	e-mail
Phone numbers	

3. Name	relationship to you
Address	e-mail
Phone numbers	

WHERE DO YOU WANT THE ASSETS OF YOUR ESTATE TO PASS? GO THROUGH THE CHOICES BELOW. IF YOU HAVE ADDITIONAL EXPLANATIONS OR QUESTIONS ABOUT YOUR CHOICES, WRITE THEM ON PAGE 6.

1. Should your estate go to your children equally: yes _____ no _____
If any of your children predecease you, should their children (your grandchildren through that deceased child) take their parent's share? yes _____ no _____

If your children are not to take equally or only some are to take, or there are other provisions about children, describe that on Page 6.

2. Backup takers – if none of the persons in 1, above, survive you. In the listing below, we need to know whether the takers are sequential (#1 takes all if alive, and #2 takes all if #1 is deceased, etc.) or whether a number of the takers share the estate by percentages totaling 100%. You can also give some or all of the takers dollar amounts but make sure there is a taker for whatever is left over.

So if in choice 1 you say 100%, that means #1 receives the entire estate and the remaining choices only take if choice 1 predeceases you. But you can give percentages to each of the choices below that you want. Make sure the choices at each level add up to 100%. You can divide up the choices however you wish. If you are not certain about how these backup choices should be laid out, we will discuss that at our initial meeting. You can do a narrative of the distribution to your backup takers and final charities on Page 6 but make sure we have the information in the listing below for each one.

1. Name	relationship to you
Address	e-mail
% or \$ amount	
Phone numbers	

2. Name	relationship to you
Address	e-mail
% or \$ amount	
Phone numbers	

3. Name	relationship to you
Address	e-mail
% or \$ amount	
Phone numbers	

4. Name	relationship to you
Address	e-mail
% or \$ amount	
Phone numbers	

Final charity or charities. This is a backup when none of the people are alive that your have selected above or you have given less than 100% of the estate to the people above. Put additional choices or explanations on Page 6. We need to have the full legal name for the charity itself. Sometimes, this will be a foundation or other entity. Please check with the charity if possible to get the correct entity for that charity.

1. Name	
Address	% or \$ amount
Phones	e-mail

