

# WILL QUESTIONNAIRE

Initial conference date: \_\_\_\_\_

Signing date: \_\_\_\_\_

	Husband	Wife
Full Legal Name		
Nickname, if any		
Social Security Number		
Birth date		
Birthplace		
Citizenship		
Current Occupation		
Military dates, branch, #		
Major Health problems		
E-mail address		
Cell phone		
Home phone: _____ Work phone _____ Other Phones _____		
Home Address		
Date and Place of Marriage		
<b>May we use an e-mail address to send you information or ask questions? Yes _____ No _____</b>		
<b>If yes, what e-mail address would you like us to use?</b>		

## CHILDREN

Please list all children. 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 9.

	First	Middle	Last	Child of:		
				Only Husband	Only Wife	Both
1. Child's Legal Name						
Birth date & place						
E-mail address						
Soc. Sec. #						
Spouse's name						
Address						
All phone numbers						
Child 1's children's names and ages						

Child of:  
 Only      Only  
 Husband   Wife   Both

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

Child of:  
 Only      Only  
 Husband   Wife   Both

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

Child of:  
 Only      Only  
 Husband   Wife   Both

4. Child's Legal Name				
Birth date & place				
E-mail address				
Soc. Sec. #				
Spouse's name				
Address				
All phone numbers				
Child 4's children's names and ages				

Child of:  
 Only      Only  
 Husband   Wife   Both

5. Child's Legal Name				
Birth date & place				
E-mail address				
Soc. Sec. #				
Spouse's name				
Address				
All phone numbers				
Child 5's children's names and ages				

Child of:  
 Only      Only  
 Husband   Wife   Both

6. Child's Legal Name				
Birth date & place				
E-mail address				
Soc. Sec. #				
Spouse's name				
Address				
All phone numbers				
Child 6'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, # , beneficiary, etc. on each policy
- \_\_\_\_\_ Separate property. If so, please bring a list and deeds if real estate.
- \_\_\_\_\_ Community Property, Devolution, pre or postnuptial Agreements
- \_\_\_\_\_ 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 real property: \_\_\_\_\_

What bank(s) do you use? \_\_\_\_\_

**PLEASE LIST YOUR CHOICES (FULL LEGAL NAMES - FIRST NAME, MIDDLE NAME, LAST NAME), IN ORDER, FOR THE FOLLOWING. YOUR SPOUSE CAN BE LISTED AS A CHOICE. FOR ALL OF THE FOLLOWING WE NEED ADDRESSES, PHONE NUMBERS, AND EMAIL ADDRESSES FOR EACH CHOICE. ALWAYS LIST 4 CHOICES.**

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

<b>Husband</b>	<b>Wife</b>
<b>1. Name</b>	<b>1. Name</b>
Address	Address
Email	Email
Phones	Phones
<b>2. Name</b>	<b>2. Name</b>
Address	Address
Email	Email
Phones	Phones
<b>3. Name</b>	<b>3. Name</b>
Address	Address
Email	Email
Phones	Phones
<b>4. Name</b>	<b>4. Name</b>
Address	Address
Email	Email
Phones	Phones

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

<b>Husband</b>	<b>Wife</b>
<b>1. Name</b>	<b>1. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>2. Name</b>	<b>2. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones

<b>3. Name</b>	<b>3. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>4. Name</b>	<b>4. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones

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

<b>Husband</b>	<b>Wife</b>
<b>1. Name</b>	<b>1. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>2. Name</b>	<b>2. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>3. Name</b>	<b>3. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>4. Name</b>	<b>4. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones

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

<b>Husband</b>	<b>Wife</b>
<b>1. Name</b>	<b>1. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>2. Name</b>	<b>2. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>3. Name</b>	<b>3. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>4. Name</b>	<b>4. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones

**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**

<b>Husband</b>	<b>Wife</b>
<b>1. Name</b>	<b>1. Name</b>
Relationship to you	Relationship to you
Address	Address

Email	Email
Phones	Phones
<b>2. Name</b>	<b>2. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>3. Name</b>	<b>3. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones
<b>4. Name</b>	<b>4. Name</b>
Relationship to you	Relationship to you
Address	Address
Email	Email
Phones	Phones

**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 9.**

**Husband**

**If you die first, should your estate go to:**

1. Spouse: yes \_\_\_\_\_ no \_\_\_\_\_

**2. If spouse dies first, 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 9.**

**Wife**

**If you die first, should your estate go to:**

1. Spouse: yes \_\_\_\_\_ no \_\_\_\_\_

**If spouse dies first, should your estate go to:**

Your children equally: yes \_\_\_\_\_ no \_\_\_\_\_

**3. Backup takers – if none of the persons in 1 and 2, 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 9 but make sure we have the information in the listing below for each one.**

1. Name	1. Name
Address	Address
Email	Email
Relationship to you	Relationship to you
% of estate or \$ amount	% of estate or \$ amount
Phones	Phones
2. Name	2. Name
Address	Address
Email	Email
Relationship to you	Relationship to you
% of estate or \$ amount	% of estate or \$ amount
Phones	Phones
3. Name	3. Name
Address	Address
Email	Email
Relationship to you	Relationship to you
% of estate or \$ amount	% of estate or \$ amount
Phones	Phones
4. Name	4. Name
Address	Address
Email	Email
Relationship to you	Relationship to you
% of estate or \$ amount	% of estate or \$ amount
Phones	Phones

**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 9. 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	1. Name
Address	Address
Email	Email
% of estate	% of estate
Phones	Phones



