

## LAST WILL AND TESTAMENT QUESTIONNAIRE

This Questionnaire is designed to aid in collecting the information typically needed to complete a Will and other Legal Forms. Please answer ALL questions clearly and completely. Provide FULL names when responding. Information provided in this questionnaire may be used by an attorney to prepare a legal document. Use the back of this form if additional space is necessary to complete an answer.

I. **Testator's Full Name:** \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Marriage Information:**

Married, yes or no? \_\_\_\_\_

**Current Spouse's Name:** \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

**List all Children:** List all children, whether living or deceased (including adopted children or children taken into Decedent's home):

**Children of the Testator:**

a. **Name of oldest child:** \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Born of the Marriage or Adopted: \_\_\_\_\_

Other Parent: \_\_\_\_\_

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

Living or Deceased: \_\_\_\_\_

If deceased, when and where: \_\_\_\_\_

b. **Name of next child:** \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Born of the Marriage or Adopted: \_\_\_\_\_

Other Parent: \_\_\_\_\_

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

Living or Deceased: \_\_\_\_\_

If deceased, when and where: \_\_\_\_\_

**c. Name of next child:** \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Born of the Marriage or Adopted: \_\_\_\_\_

Other Parent: \_\_\_\_\_

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

Living or Deceased: \_\_\_\_\_

If deceased, when and where: \_\_\_\_\_

**d. Name of next child:** \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Born of the Marriage or Adopted: \_\_\_\_\_

Other Parent: \_\_\_\_\_

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

Living or Deceased: \_\_\_\_\_

If deceased, when and where: \_\_\_\_\_

**e. Name of next child:** \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Born of the Marriage or Adopted: \_\_\_\_\_

Other Parent: \_\_\_\_\_

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

Living or Deceased: \_\_\_\_\_

If deceased, when and where: \_\_\_\_\_

\*\*\* If more, children, make an additional page #2.

II.

**Primary Appointed Executor's Full Name:**

\_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**1<sup>st</sup> Substitute Appointed Executor's Full Name:**

\_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**2<sup>nd</sup> Substitute Primary Appointed Executor's Full Name:**

\_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

III. **What and who do you want to bequeath (pass on) your estate to?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. **Do you want to specifically exclude any of your heirs and why?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Will the Executor take charge of your Funeral matters? If not, whom?**

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**VI. Do you need a Financial and Medical Power of Attorney? If so 3 names on order with addresses and Phone's of Appointed Agents.**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**VII. Do you need a Physicians Directive (Living Will), HIPAA Medical Records Release to your agents above, Declaration of Guardianship (in case of loss of mental abilities)?**

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**VIII. Any thing else we can help you with?**

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