



ESTATE PLANNING QUESTIONNAIRE

(Please print)

Our typical Estate Planning package includes three types of documents:

- Last Will & Testament
- Durable Power of Attorney
- Designation of Healthcare Surrogate

You may designate the same person to serve on all three documents or you can individualize each document according to your wishes.

Full Name: _____

Address: _____

Contact number: _____

Email: _____

Date of Birth: _____

Social Security number: _____

Spouse: (if applicable)

Full Name: _____

Address: _____

Contact number: _____

Email: _____

Date of Birth: _____

Social Security number: _____

Date of marriage: _____ Place of Marriage: _____

Minor Children (if applicable) *separate section for adult children*

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

[Add additional sheets if necessary]

Guardianship of Minor Children:

I desire that the following person(s) be named as guardian(s) of my minor child(ren) if child(ren) is/are under the age of _____.

Name	Address	Relationship
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I would like to name the following as alternate guardian:

Name	Address	Relationship
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I desire that the following bank and trust company or person be named as trustee to handle funds on behalf of my minor child(ren):

Name	Address	Relationship (if person)
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Adult Children (if applicable) or Heirs:

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Full Name: _____

Address: _____

Date of Birth: _____ Relationship: _____

Executor Of Estate

You can select one individual to be the Executor of the estate with an alternate or you may select co-executors to administer the estate. See Executor or Co-Executor Duties & Responsibilities, below.

I desire that the following attorney/individual to be designated as my executor and/or trustee to assist the executor and/or trustee (you are not required to select anyone, but may if you choose):

I name as executor of my estate:

Name	Address	Relationship
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Or

I name the following as co-executors of my estate:

Name	Address	Relationship
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Name	Address	Relationship
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I name as alternate executor of my estate:

Name	Address	Relationship
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Division of Estate:

1. All of my property, except what I list in itemized estate distribution list, should go to:
(state name and relationship)

Relationship: _____

2. In the event my primary beneficiary listed above has predeceased me, I direct my estate to be distributed as follows, except for those items listed in the itemized estate list
(state relationship).

Itemized Estate Distribution List:

You can bequeath specific items to certain individuals or charities in the lines below.

I want the following items to go to the below names person(s) (state relationship):

_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____

Other Notes/Additional Instructions:

Durable Power of Attorney

You can select one individual to be designated as Durable Power of Attorney. See Power of Attorney Duties & Responsibilities below.

I desire that the following individual be designated as my Durable Power of Attorney:

Relationship: _____

I name the following as the alternate Durable Power of Attorney in the event the above-selected individual is not able or willing to serve: :

Name

Address_____

Relationship_____

Health Care Surrogate

You can select one individual to be the Health Care Surrogate or you can have co-surrogates. See Health Care Surrogate Duties & Responsibilities below.

I desire that the following individual be designated as my Health Care Surrogate:

Relationship: _____

I name the following as the alternate Health Care Surrogate in the event the above-selected individual is not able or willing to serve: :

Name

Address _____

Relationship _____

It is important to discuss your desires with your designated Health Care Surrogate so that they can carry out your wishes. Please discuss with them if you would like to be considered for organ donation.

Notes : _____
