

# WILL QUESTIONNAIRE

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

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

Husband

Wife

Full Name		
Nickname		
Social Security Number		
Birth date		
Birthplace		
Citizenship		
Current Occupation		
Military dates, branch, #		
Major Health problems		
E-mail addresses		
Cell phone		
Home phone:	Office phone	
Home address		
Date of Marriage		
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>		

Please list all living children and any predeceased children providing dates of death.

CHILDREN		Only Husband's	Only Wife's	Child of Both
1. Child's Name				
Birth date & place				
E-mail address				
Soc. Sec. #				
Spouse's name				
Address				
All phone numbers				
Grandchildren, ages				

Only    Only    Child of  
Husband's    Wife's    Both

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

Only    Only    Child of  
Husband's    Wife's    Both

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

Only    Only    Child of  
Husband's    Wife's    Both

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

Only    Only    Child of  
Husband's    Wife's    Both

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

Only    Only    Child of  
Husband's    Wife's    Both

6. Child's Name				
Birth date & place				
E-mail address				
Soc. Sec. #				
Spouse's name				
Address				
All phone numbers				
Grandchildren, ages				

**Do you have any of the following: (IF SO, PLEASE BRING COPIES)**

- \_\_\_\_\_ An existing will?
- \_\_\_\_\_ An existing trust?
- \_\_\_\_\_ Life Insurance? Attach a schedule showing amount, on whom, # etc. on each policy
- \_\_\_\_\_ Separate property? If so, please bring a list.
- \_\_\_\_\_ Community Property, Devolution, pre or postnuptial Agreement?
- \_\_\_\_\_ 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?

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

Counties where own property: \_\_\_\_\_

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

**Please list your choices, in order, for the following (your spouse can be listed as a choice). Always list 4 choices:**

Who would you like to be the **Personal Representative** (in charge of handling your estate in probate)?

Husband	Wife
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Who would you like to **make medical decisions** for you if you are unable? **It is imperative that we have the addresses and ALL of the person's phone numbers so that the doctors can reach them in an emergency. BEFORE YOU FILL OUT THIS SECTION, THOROUGHLY READ AND UNDERSTAND THE DOCUMENT WE INCLUDED ON MEDICAL POWERS.**

**Husband**

1. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

4. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

**Wife**

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phones \_\_\_\_\_

If you have minor or disabled children, who would you like to name as **guardian** to take care of the children?

**Husband**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Wife**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have children and 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 \_\_\_\_\_?

**Husband**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Wife**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you want the assets of your estate to pass? In the following, if you name a person (for example, your spouse), follow up with what happens if that person predeceases you, with or without surviving issue (children, grandchildren). A typical listing might have spouse first, then issue (your children, and if a child is predeceased, the grandchildren through that child taking that share), followed by some other relations or friends who would take if your spouse and your descendants had all predeceased you. The final choice should be one or more charities. If you have any questions on this, please call.

**Husband's flow**

**Wife's flow**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

**Final charity or charities** (This is used when none of the people are alive that your have selected): Names and addresses: \_\_\_\_\_

Who would you like to have as **financial power of attorney** (handle your financial matters if you are unable)?  
**We MUST have their addresses and phone numbers.**

**Husband**

**Wife**

1. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

Phones \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

Phones \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

Phones \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_

Phones \_\_\_\_\_