

WILL QUESTIONNAIRE

Initial conference date: _____

Signing date: _____

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

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

CHILDREN

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

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

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

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

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

May we use an e-mail address to send you information or ask questions? Yes _____ No _____

If yes, what e-mail address would you like us to use. _____

Do you have the following: (IF SO, PLEASE BRING COPIES OF ALL OF THE FOLLOWING)

- _____ An existing will?
- _____ An existing trust?
- _____ Life Insurance? Attach a schedule showing amount, on whom, # etc. on each policy
- _____ 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: Always list 4 choices:

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

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.**

- | | |
|---------------|---------------|
| 1. _____ | 3. _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phones _____ | Phones _____ |
| 2. _____ | 4. _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phones _____ | Phones _____ |

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

1. _____
2. _____
3. _____
4. _____

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 _____?

1. _____
2. _____
3. _____
4. _____

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.

1. _____
2. _____
3. _____
4. _____

Final charity (This is used if 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.**

1. _____
Address _____

Phones _____
2. _____
Address _____

Phones _____

3. _____
Address _____

Phones _____
4. _____
Address _____

Phones _____