

Estate Questionnaire – Williams Law Office, PC

Full Name (as it is to appear on your documents) _____

Address: _____ Phone: _____

_____ Email: _____

County: _____ Work Phone: _____

Social Security Number: _____ Fax: _____

Employer: _____

Spouse's full name (as it is to appear on your documents): _____

Address: _____ Phone: _____

_____ Email: _____

County: _____ Work Phone: _____

Social Security Number: _____ Fax: _____

Employer: _____

Previous spouse(s)'s full name(s): _____

How and when did the previous marriage end? _____

Number of children in this marriage: _____

Number of children from previous marriage: _____

Children's name(s) and birthdates (list all): _____

What estate documents do you want prepared for you?

_____ will _____ durable power of attorney _____ guardianship

_____ living will _____ health care power of attorney _____ other _____

(The following pages apply to each set of documents you wish to be prepared for you. You need only answer the pages that apply to you.)

HEALTH CARE REPRESENTATIVE

Who would you have serve as your Health Care Representative (including spouse)? _____

Who would be the alternate Health Care Representative? _____

Do you want to have artificial nutrition and hydration and life support even if the efforts would be futile or excessively burdensome? YES NO

Do you want to refuse artificial nutrition and hydration and life support if the efforts would be futile or excessively burdensome? YES NO

SPECIAL CIRCUMSTANCES

Are there any special circumstances which need to be considered in your estate planning?
If so, what?
