

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: _____ Date of birth: _____

Employer: _____

Who does your taxes? _____

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

Address: _____ Phone: _____

_____ Email: _____

County: _____ Work Phone: _____

Social Security Number: _____ Date of birth: _____

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 representative ____ 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.)

POWER OF ATTORNEY

Name of Power of Attorney (including spouse) _____

Address of Power of Attorney _____

Phone of Power of Attorney _____

Is the Power of Attorney to be effective: (circle one)
immediately on _____ date upon incompetence

Will the Power of Attorney terminate: (circle one)
at your death on _____ date

Is the Power of Attorney to be compensated? YES NO
If so, how? (circle one and fill in the blank)
Flat rate of \$_____ monthly _____% of the estate monthly

Which powers is the Power of Attorney to have? (check all that apply)

- ____ ALL FIDUCIARY POWERS or
 - ____ LIMITED POWERS, only the following:
- | | |
|-------------------------------|---------------------------------|
| ____ Real Property | ____ Personal Property |
| ____ Bond | ____ Banking |
| ____ Business | ____ Insurance |
| ____ Beneficiary Transactions | ____ Gifts |
| ____ Fiduciary | ____ Claims |
| ____ Family Maintenance | ____ Military |
| ____ Records | ____ Estate |
| ____ Health care | ____ Health Care Representative |
| ____ Medicaid | ____ All other |

Do you have any previous Powers of Attorney? YES NO
If so, are they: (circle one) revoked superceded

GUARDIAN (if needed)

Name of Guardian (if you and spouse are not living) _____

Address of Guardian _____

Phone of Guardian _____ Relationship of Guardian _____

HEALTH CARE REPRESENTATIVE

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

Who would be the alternate Health Care Representative? _____

LIVING WILL

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?
