

**Estate Questionnaire – Williams Law Office, PC**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred by? \_\_\_\_\_ 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: \_\_\_\_\_

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.)**

**WILL**

Name of executor (after spouse) \_\_\_\_\_

Executor's address \_\_\_\_\_

Alternate Executor's name \_\_\_\_\_

2<sup>nd</sup> Executor's address \_\_\_\_\_

Who will inherit your estate and how will it be divided after your death?

\_\_\_\_\_  
\_\_\_\_\_

Do you want a trust established in your will?          YES          NO

If so, name of trustee \_\_\_\_\_

Address of trustee \_\_\_\_\_

Beneficiaries of trust (list all names and relationship) \_\_\_\_\_

\_\_\_\_\_

Terms for distribution of trust property \_\_\_\_\_

\_\_\_\_\_

Do you want a no contest clause in your will?          YES          NO

Any property you want to give to a particular person?          YES          NO

If so:    property                                  person                                  relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special circumstances to be handled in your will?

\_\_\_\_\_

\_\_\_\_\_

**POWER OF ATTORNEY**

Who would you have serve as your Power of Attorney (including spouse)? \_\_\_\_\_

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Address of Power of Attorney \_\_\_\_\_

Do you wish to name an Alternate of Power of Attorney? \_\_\_\_\_

Is the Power of Attorney to be effective: (circle one)

immediately                      on \_\_\_\_\_ date                      upon incompetence

Do you have any previous Powers of Attorney?                      YES                      NO

If so, are they: (circle one)                      revoked                      superseded

**HEALTH CARE REPRESENTATIVE**

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

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Who would be the alternate Health Care Representative? \_\_\_\_\_

Do you have any previous Health Care appointments?                      YES                      NO

If so, are they: (circle one)                      revoked                      superseded

Do you wish to grant all of these powers to your health care representative on your behalf?

Yes    No (mark through those powers you wish to limit)

- |   |   |
|---|---|
| ✓ Life sustaining measures                  | ✓ Make funeral arrangements                           |
| ✓ Access to medical records                 | ✓ Authorize machines to prolong life                  |
| ✓ Admission/discharge to medical facilities | ✓ Authorize assisted feedings (if dementia diagnosis) |
| ✓ Contract with health care facilities      | ✓ Withdraw health care                                |
| ✓ Hire/discharge care services              | ✓ Withhold health care                                |
| ✓ Authorize medication & procedures         | ✓ Discontinue health care                             |
| ✓ Authorize comfort care                    |   |
| ✓ Communicate with medical staff            |   |

**GUARDIAN (if needed)**

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

Address of Guardian \_\_\_\_\_

Phone of Guardian \_\_\_\_\_ Relationship of Guardian \_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

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

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