

## **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.)**

**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?

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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

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)? \_\_\_\_\_

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

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**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?

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