WILL CLIENT QUESTIONNAIRE

Estate Planning Department

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1. CLIENT INFORMATION

Full Legal Name: _____

Other Names Used (if any): _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Email: _____

Phone Number: _____

2. MARITAL & FAMILY STATUS

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Name (if applicable): _____

Spouse's Date of Birth: _____

Children:

Full Name	Date of Birth	Biological/Adopted

Do you have any children from a previous relationship? ☐ Yes ☐ No

Are any of your children or beneficiaries disabled? ☐ Yes ☐ No

3. EXECUTOR & GUARDIANSHIP

Executor (person to handle your estate):

Full Name: _____

Relationship to you: _____

Address: _____

Alternate Executor: _____

Guardian for Minor Children (if applicable):

Primary Guardian Name: _____

Alternate Guardian Name: _____

4. DISTRIBUTION OF ASSETS

If not your spouse, or if your spouse predeceases you, who do you want to receive your assets? Please list names and what they will receive:

Name	Relationship	Specific Asset or %

Do you want to exclude anyone from your will? ☐ Yes ☐ No

If yes, whom? _____

For what reason? _____

5. SPECIFIC GIFTS OR BEQUESTS

Do you wish to leave specific items (jewelry, heirlooms, etc.) or charitable gifts?

Item or Amount	Recipient

6. RESIDUARY CLAUSE

Who should receive the remainder of your estate after specific gifts are made?

_____

7. TRUST PROVISIONS (if applicable)

Do you want to create a trust for minors or beneficiaries? ☐ Yes ☐ No

Age(s) at which children/beneficiaries should receive their inheritance: _____

Trustee's Name (if different from Executor): _____

8. HEALTHCARE & POWER OF ATTORNEY

(These may be included with your estate plan)

Do you want a Healthcare Directive (Living Will)? ☐ Yes ☐ No

Do you want a Financial Power of Attorney? ☐ Yes ☐ No

Agent for Healthcare Decisions: _____

Address: _____

Phone number and E-Mail Address: _____

Agent for Financial Decisions: _____

Address:_____

Phone number and E-Mail Address: _____

9. ADDITIONAL QUESTIONS

Do you own real estate? ☐ Yes ☐ No

If yes, list addresses and how titled: _____

_____

Do you own a business? ☐ Yes ☐ No

Name & Structure: _____

Do you have existing estate documents? ☐ Yes ☐ No

If yes, please provide copies.

10. FINAL NOTES OR SPECIAL INSTRUCTIONS

_____

_____

Important Information:

If possible, discuss the selections above with the individuals you have named prior to your initial conference. While a fiduciary should be a competent and responsible person, they do not need to have specialized expertise in the areas involved, as they may always seek qualified professional guidance to fulfill their duties and responsibilities.

Please be aware that proceeds from life insurance policies, bank accounts, and retirement accounts are not governed by your Last Will and Testament. Beneficiary designations for these accounts must be made directly with the respective institutions. However, you may choose to designate your estate or a trust as the beneficiary if that aligns with your planning goals.

Please note that Laura W. Anderson, Esq. LLC does not provide tax advice. You are encouraged to consult a qualified tax professional regarding any estate tax considerations before executing your will.

Please return this questionnaire via email, fax, or regular mail. Once we receive and review your questionnaire, we will contact you to schedule an appointment.