

Estate Questionnaire

Personal Information

Full Name (as shown on Driver's License): _____

Spouse's Name (as shown on Driver's License) (Optional): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Children's Full Names & Addresses (if any):

a) First Child: _____ Phone: _____

Address: _____

b) Second Child: _____ Phone: _____

Address: _____

c) Third Child: _____ Phone: _____

Address: _____

d) Fourth Child: _____ Phone: _____

Address: _____

e) Fifth Child: _____ Phone: _____

Address: _____

Last Will & Testament

Executor/Executrix & Successor Executor: *(Full Name, Phone and City/State of Residence)*

→Who would you like to handle the Estate? (ie. Pay off debts, contact beneficiaries, handle inheritance tax, etc.)

a) Primary: _____ Phone: _____

Address of Residence: _____

Email: _____

b) First Successor: _____ Phone: _____

Address of Residence: _____

Email: _____

c) Second Successor: _____ Phone: _____

Address of Residence: _____

Email: _____

Who do you want listed in your will as beneficiaries? (Full name, address and phone)

a) Name: _____ Phone: _____

Address: _____

Amount or Percentage: _____

b) Name: _____ Phone: _____

Address: _____

Amount or Percentage: _____

c) Name: _____ Phone: _____

Address: _____

Amount or Percentage: _____

d) Name: _____ Phone: _____

Address: _____

Amount or Percentage: _____

e) Name: _____ Phone: _____

Address: _____

Amount or Percentage: _____

Do you have any specific burial instructions? Y/N If Yes explain _____

Do you have any specific bequests? Y/N If Yes explain _____

Do you have any specific residence instructions? Y/N If Yes explain _____

How do you want to bequeath the rest of your estate if your children and grandchildren (if any) or any other family members predecease you? _____

Durable Power of Attorney for Assets

Agent & Successor Agents: *(Full Name, Phone and City/State of Residence)*

a) Primary: _____ Phone: _____
Address of Residence: _____

b) First Successor: _____ Phone: _____
Address of Residence: _____

c) Second Successor: _____ Phone: _____
Address of Residence: _____

Healthcare Power of Attorney

Agent & Successor Agents: *(Full Name, Address, Phone number and Email)*

a) Primary: _____ Phone: _____
Address of Residence: _____

Email: _____

b) First Successor: _____ Phone: _____

Address of Residence: _____

Email: _____

c) Second Successor: _____ Phone: _____

Address of Residence: _____

Email: _____

Special Instructions/Comments:
