

WILL QUESTIONNAIRE

Name:

Address:

Phone Number:

Email:

Children:

DOB:

(ILIT): SSN of Mother:

SSN of Father:

SSN of children:

Trust for children?

If yes, divide at age: _____

Distribute at ages: _____

All to spouse?

Specific Bequests?

Executor:

Backup Executor:

Trustee:

Backup Trustee:

Guardian:

Backup Guardian

POA Hlthcare:

Backup POA:

Guardian for adult:

Backup Guardian for adult:

Durable POA?

Backup POA?

Signing Date and Time: