

**Will Questionnaire**

Name: \_\_\_\_\_  
(please include full middle name)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Residence \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_

Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

**CHILDREN**

-----	DOB	-----	Dependent? Y or N
-----	DOB	-----	Y or N
-----	DOB	-----	Y or N
-----	DOB	-----	Y or N
-----	DOB	-----	Y or N
-----	DOB	-----	Y or N

GENERAL REMARKS

Are there any matters that are of particular concern to you?

Please describe:

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-----  
-----  
-----  
-----

ASSETS

OWNERSHIP (HWJ)

APPROXIMATE AMOUNT

Checking Accounts

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-----  
-----  
-----  
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Savings

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-----  
-----  
-----  
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Certificate of Deposits (CD's)

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Money Market Funds

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Partnership Investments                      OWNERSHIP (HWJ)                      APPROXIMATE AMOUNT

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Business Interests

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All Retirement Funds & Assets

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Other Assets

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Life Insurance Policies

Company                                      Value                                      Ownership                                      Beneficiary

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Notes & Mortgages Receivable

Description	Value
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-----	-----
-----	-----
-----	-----

Real Estate Owned

Residence	Value	Ownership (HWJ)	Mortgage
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

Vacation Home

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Other Real Property

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Other Personal Property      Value

Auto	_____
Auto	_____
Auto	_____
Boats	_____
Jewelry	_____
Art	_____
Other	_____
Households	_____

LIABILITIES

Mortgage \_\_\_\_\_

Mortgage \_\_\_\_\_

Notes \_\_\_\_\_

Margin Debt \_\_\_\_\_

Credit Card Debt \_\_\_\_\_

Other \_\_\_\_\_

General Questions

1. Are you covered by social security?
2. Is your spouse covered by Social Security?
3. Do you have any special burial wishes?
4. To whom do you wish to bequeath your personal property?
5. Are there any items of personal property you wish to specifically bequeath?
6. Who do you wish as recipient of insurance proceeds?
7. Who should receive your personal property in the alternative?
8. Who should receive stock in your cooperative apartment?
9. Who should receive title in your condominium unit?
10. Who should receive your personal residence?
11. Do you wish to bequeath any fixed funds or assets to specific persons or organizations? If so, please explain.

12. Do you wish to specifically exclude any person from your Will?
13. Do you have assets outside the State or County?
14. Who do you wish to be the Executor of your Will?
15. Who do you wish to be the co-Executor of your Will?
16. Who do you wish to be the alternate Executor of your Will?
17. Who do you wish to be the Trustee of trusts created under your Will?
18. Who do you wish to be the co-Trustee of your Will?
19. Who do you wish to be the alternate Trustee of your Will?
20. If retired, what was the approximate date of your retirement?
21. If you have served in the military, please state branch of service and date of discharge.
22. Where is your safe deposit box located?
23. Any gift tax returns ever filed?  
Are such copies available?
24. Marital Status at present time:  
  
Date Married:  
Prior Marriages  
Date Divorced  
Date Separated  
Date Widowed  
Name and Address of Prior Spouse  
Children By Prior Marriage  
State & Court of Prior Dissolution/Annulment  
Any Marital Agreements with prior or current spouse?
25. If you have children, do you wish to name a guardian, co-guardian, and/or successor guardian?
26. Do you have any special burial wishes?