

## INDIVIDUAL PRELIMINARY INFORMATION

Full Legal Name:	(Jr., Sr., III?)
Name you prefer to be called:	Title:      Mr.      Mrs.      Ms.      Dr.
Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower

Home Address:	
City:	State:                                    Zip:
County of Residence:	Home Phone:
Cell Phone:	Best place to reach you:
Send drafts via: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Pick up	
Email (Primary):	(CC):
What type of Identification will you provide?	

Date Questionnaire Completed: \_\_\_\_\_

What topics do you want to discuss?

Living Children	Date of Birth	Gender	Name Grandchildren
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			
Name: _____ Address: _____ _____ Phone: _____			

Do you have any children who predeceased you? Their names?

Describe how you want your estate to be distributed upon your death:

Do you have any specific bequests?

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Who are the beneficiaries of the remainder of your estate?

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How old do you want your beneficiaries to be before they receive their share? \_\_\_\_\_

If a beneficiary does not survive you, do you want their share to go to the other named beneficiaries (“per capita”) or do you want the deceased beneficiary’s share to go to their children (“per stirpes”)?

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Is there anyone you would like to specifically disinherit?

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Who do you want to name as **the Successor Trustee(s) and Personal Representative(s)** of your estate? Do you want them to act jointly or “in order”?

Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____

Who do you want to name as agent(s) on your **Durable Power of Attorney**?

(A durable power of attorney gives the person(s) named the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.)

1 <sup>st</sup> Agent	Name: _____ Relation: _____ _____ “and/or” or In Succession _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Relation: _____ _____ “and/or” or In Succession _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Relation: _____	Address: _____ _____

Who do you want to name as your **Health Care Surrogate**?

1 <sup>st</sup> Agent	Name: _____ Phone: _____ _____ “and/or” or In Succession _____	Address: _____ _____
2 <sup>nd</sup> Agent	Name: _____ Phone: _____ _____ “and/or” or In Succession _____	Address: _____ _____
3 <sup>rd</sup> Agent	Name: _____ Phone: _____	Address: _____ _____

Who do you want to name as the Guardian(s) of your minor children (under age 18)? – IF APPLICABLE

(Two persons may serve together as long as they are married.)

1 <sup>st</sup> Guardian(s)	Name(s): _____ Address: _____	Relation: _____
2 <sup>nd</sup> Guardian(s)	Name(s): _____ Address: _____	Relation: _____
3 <sup>rd</sup> Guardian(s)	Name(s): _____ Address: _____	Relation: _____