



THORNTON & COY, P.L.L.C.

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LAST WILL AND TESTAMENT QUESTIONNAIRE

Client Name: _____ Date of Birth: _____

Spouse Name: _____ Date of Birth: _____

Mailing Address: _____

Telephone Numbers: Home _____ Work _____

Cell _____ E-mail Address: _____

Which of the following documents are you interested in:

- Will Financial Power of Attorney Medical Power of Attorney Living Will

MARITAL STATUS: Married Unmarried (Never married) Unmarried (Widow or Widower) Unmarried (Divorced) Married Person Establishing Separate Trust

PERSONAL REPRESENTATIVE

[A Personal Representative (Executor/Administrator) is responsible for probating your will, paying your debts, collecting your assets and settling your estate.]

Who should be Personal Representative of your estate?

First Choice: _____

Alternate: _____

2nd Alternate: _____

GUARDIAN OF MINOR CHILDREN (if applicable)

[A guardian has physical and legal control over your children until they reach the age of eighteen]

In the event of your death, who should be guardian of your minor children?

First Choice: _____

Alternate: _____

2nd Alternate: _____

DISTRIBUTION OF YOUR PROPERTY

Do you want your estate to pay any inheritance tax liability that may arise, or do you want the beneficiaries to be responsible? Beneficiaries My estate

TO WHOM DO YOU WANT YOUR PROPERTY TO PASS?

[This section is for general bequests – see below for specific bequest section.]

- To my children in equal shares
 - To my grandchildren in equal shares
 - Other (to whom and in what shares) _____
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-

If a beneficiary should predecease you, should her/his share pass through to her/his children or be shared among the other beneficiaries?

- Pass to her/his children
 - Divide between the other beneficiaries
 - Other (please explain): _____
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TRUSTS

Do you wish to have a trust established for the benefit of your spouse and/or children or other beneficiaries? Yes No *[If you do not establish a trust, children will inherit at age eighteen.]*

Please indicate your choice for TRUSTEE(s).

[A trustee manages the assets for your trust beneficiaries until they reach the specified age. You may name an individual, bank or trust company, or both.]

First choice: _____

Alternate Trustee: _____

What Terms of distribution do you wish to establish for the Trust? *(examples: distribution at a certain age, for educational purposes, marriage, etc.)*

POWERS OF ATTORNEY

1. GENERAL (FINANCIAL) POWER OF ATTORNEY

Do you want a Power of Attorney granting another person(s), Attorney(s)-in-Fact, the power to act on your behalf to manage your assets and pay your bills? Yes No

- Provide the name and address of the person you would like to act as your Power of Attorney:

Name and Relationship to you: _____

Address: _____

Phone: _____

If you want to name an alternate, please complete the following:

Name and Relationship to you: _____

Address: _____

Phone: _____

If you want to name a 2nd alternate, please complete the following:

Name and Relationship to you: _____

Address: _____

Phone: _____

- Is there a specific person you would like to act as conservator of your estate, if a conservator is needed?

Name and Relationship to you: _____

Address: _____

Phone: _____

- Is there a specific person you would like to act as your legal guardian, if a legal guardian is needed?

Name and Relationship to you: _____

Address: _____

Phone: _____

2. HEALTH CARE POWER OF ATTORNEY

Do you want a Health Care Power of Attorney, i.e. to nominate a person(s) to make healthcare decisions for you if you are unable to? Yes No

- Provide the name and address of the person you would like to act as your Patient Advocate:

Name _____

Address _____

Phone _____

If you wish to nominate an alternate Patient Advocate, complete the following:

Name _____

Address _____

Phone _____

3. DECLARATION OF DESIGNEE FOR FINAL DISPOSITION:

Do you wish to designate a person who shall have the sole responsibility and discretion for making decisions concerning the final disposition of your remains and after-death ceremonies?

Yes No

- Provide the name and address of the person you would like to act as your Designee:

Name _____

Address _____

Phone _____

If you wish to nominate an alternate Designee, complete the following:

Name _____

Address _____

Phone _____

QUESTIONS (Use this area or another sheet of paper to make of list of questions you may wish to pose at our initial meeting)
