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Will Questionnaire

Please complete and return to our office. After we receive the completed forms we will contact you to set up an appointment.

Daytime Phone Number: _____

Evening/Home Phone Number: _____

Email Address: _____

The attorneys will need the following information:

Full Name: _____

Current Mailing address: _____

Date of Birth: _____

Social Security Number: _____

Please check which services you are interested in.

- Will _____
- Power of Attorney _____
- Living Will _____
- Health Care Power of Attorney _____

Please provide as much information as possible about the people and/or organizations named in your will.

(1) Who is the primary beneficiary? (Name, birth date, and address)

(2) Are there any specific bequests?

(3) Who do you name as executor?

(4) Name an alternate executor.

(5) Name the alternate beneficiaries. (Name, birth date, and address)

(6) If you, your spouse, and alternate beneficiaries (children) died, where or to whom, should your assets be disbursed?

(7) If a Trust is necessary, name a Trustee.

(8) When should the Trust end?

(10) Name a Guardian for minor children.

Additional questions or concerns:

Completing these forms does not automatically establish a client attorney relationship with Stevens & Hand, PLLC, or any of the privileges that go along with client attorney relationships. Please contact us if you have any additional questions or concerns. We look forward to working with you.