SIMPLE WILL QUESTIONNAIRE

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

MARITAL STATUS: ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed

Spouse: _____ Date of Birth: _____

Address (if different from yours): _____

CHILDREN:

All children born or adopted by you:

Name	Address	Date of Birth	Living?

All children of your spouse (if different from your children)

Name	Address	Date of Birth	Living?

PLANS FOR DISTRIBUTION:

Do you want to make any charitable gifts? (Gifts to a charity, church, etc.) ☐ Yes ☐ No

To Whom	Describe Gift

Will you be gifting specific items? (Specific jewelry, china, property, etc.) ☐Yes ☐No

To Whom Describe Gift

_____

_____

_____

Besides the gifts listed above, who do you want to give your property to?
Primary Beneficiar(ies):

_____

_____

_____

Alternative Beneficiar(ies):

_____

_____

_____

If one of your beneficiaries predeceases you, would you like their children to get their share? (i.e., if you leave everything to your children, and one predeceases you, would you like for their children to get their parent's share?) ☐Yes ☐No

EXECUTOR (The person who will handle the distribution of your estate)

Primary: _____ City/State: _____

Alternate: _____ City/State: _____

GUARDIAN OF YOUR MINOR CHILDREN *if applicable* (The person(s) responsible for taking care of your minor children if you die prior to them reaching the age of 19. Each choice may be a married couple; if two people, they must be married — you cannot leave children to two unmarried persons)

Primary: _____ City/State: _____

Alternate: _____ City/State: _____

At what age should recipients receive control of their inheritance? (This can be any age, it does not have to be at 18) _____

Are there special needs or circumstances among your beneficiaries (such as mental disability, inability to handle money, greatly different financial needs or the like)?

_____

_____

_____

DURABLE POWER OF ATTORNEY:

Do you want a durable power of attorney? (This document allows the appointed person to act on your behalf in respect to all of your affairs) ☐Yes ☐No

LIVING WILL:

Do you want to have a Living Will? (This document sets end of life instructions and appoints someone to make all medical decisions for you if you are unable to do so on your own)

☐Yes ☐No

*Please note the following questions are asking if you would like **life-sustaining** treatment. This does not include **life-saving** treatment; you are not waiving your rights to receive treatment that could potentially save your life.*

	Yes	No
Do you wish to have life-sustaining treatment if you are terminally ill/injured?	☐	☐
Do you want food/water provided by a feeding tube or IV if you are terminally ill/injured?	☐	☐
Do you wish to have life-sustaining treatment if you are permanently unconscious?	☐	☐
Do you want food/water provided by a feeding tube or IV if you are permanently unconscious?	☐	☐
If the doctor treating you does not want to follow your directions, do you want your proxy to find a doctor that will follow your directions?	☐	☐
If you are pregnant, do you wish for the choices made on this form to only be followed after the birth of your baby (if applicable)?	☐	☐

HEALTH CARE PROXY:

Who would you like to make medical decisions for you if you become too sick or injured to speak for yourself?

Primary Choice Name: _____

Relationship to you: _____

Address: _____

Phone Number: _____

Secondary Choice Name: _____

Relationship to you: _____

Address: _____

Phone Number: _____

☐ I want the health care proxy is to follow only the directions as listed on this form.

☐ I want the health care proxy to follow the directions on this form and make any other decisions that I have not covered.

☐ The health care proxy makes the final decision, regardless of what is stated on this form.

Who else, if anyone, would you like to be involved in discussions with your doctor concerning your health and other life-threatening decisions besides the health care proxy? (The health care proxy will make the final decision regardless of anyone else involved in the decision)

_____

_____

_____