

# WILLS AND ADVANCE DIRECTIVES QUESTIONNAIRE

DATE OF INTERVIEW: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

## **A. PERSONAL INFORMATION**

Name Of Client: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name & relationship of anyone accompanying testator:

\_\_\_\_\_

Marital Status: Single  Married  Legally Separated  Widowed  Other

How many times previously married? \_\_\_\_\_

If married, Name and Address of Spouse: \_\_\_\_\_

\_\_\_\_\_

If living apart, why? \_\_\_\_\_

If not married, does Testator have a partner who is the equivalent of a spouse?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

If spouse deceased, date & place of death:

\_\_\_\_\_

\_\_\_\_\_

If divorced, date and place of divorce (State & court). Name & Address of Attorney handling divorce: \_\_\_\_\_

\_\_\_\_\_

Ex-spouse's address (last known): \_\_\_\_\_

\_\_\_\_\_

Ex-spouse Social Security No.: \_\_\_\_\_

**DOMICILE:** 1. Citizenship \_\_\_\_\_ 2. If you are a citizen of another country, or if your employment, vacation or other demands require, or ever required, that you spend more than a nominal amount of time in another state or country, you may be deemed a domiciliary of that jurisdiction for probate and/or estate tax purposes. If you feel that the question may apply to you, set forth the name of the state or country; the dates you were or will be present in such jurisdiction; where you vote, register your automobile and file tax returns; and any property owned in such jurisdiction:

---

---

---

**PHYSICAL ABILITIES:**

Limited vision: No  Yes

Limited Hearing: No  Yes

Limited Speech: No  Yes

Able to Speak English: No  Yes

Able to Read English: No  Yes

If no, indicate primary language: \_\_\_\_\_

Interpreter Required? No  Yes

(If yes, be sure each document indicates that it was read in the client's primary language)

Other Physical or Mental Infirmities: No  Yes

If yes as to any, please describe: \_\_\_\_\_

---

**B. FAMILY**

**INFORMATION ABOUT CLIENT'S MOTHER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Is Mother Deceased:** No  Yes

**INFORMATION ABOUT CLIENT'S FATHER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Is Father Deceased:** No  Yes

**INFORMATION ABOUT CLIENT'S SIBLINGS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_  
(Brother/Sister/Step Brother/Sister/Half Brother/Sister)

**Relationship to Client (Is Sibling Deceased):** No  Yes

**\*\*INFORMATION ABOUT CLIENT'S SIBLINGS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_  
(Brother/Sister/Step Brother/Sister/Half Brother/Sister)

**Relationship to Client (Is Sibling Deceased):** No  Yes

**\*\*NOTE:** IF MORE THAN 2 SIBLINGS, PLEASE PROVIDE INFORMATION ON A SEPARATE SHEET.

**B. FAMILY CONTINUED**

**\*\*INFORMATION ABOUT CHILDREN:**

Legal Name	Date & Place of Birth	Sex (M/F)	Lives With Client (Y/N)	Other Parent's Name, Address, and Telephone	Child's Social Security No.	Source of income for the children (e.g.: support from divorced spouse, public assistance, private income, etc)

Is any child(ren) disabled?      No                      Yes

Is any child(ren) listed above currently in Foster care?      No                      Yes

Has any child(ren) listed above adopted?      No                      Yes

If you answered yes to any of the above questions, please list date and place of adoption/or Foster Care Contact Information on a separate sheet for each minor.

**\*\*NOTE:** WHERE APPLICABLE, CLIENT MUST PROVIDE CERTIFIED COPIES OF BIRTH CERTIFICATES FOR CHILDREN, DIVORCE DECREES, CUSTODY ORDERS, ADOPTION DECREES, OR DEATH CERTIFICATES FOR SPOUSE, PARENTS OR CHILDREN.

**INFORMATION ABOUT OTHER PARENT:**

**Is Other Parent Deceased:** No                      Yes                      Date of death: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the relationship of each child to his/her other parent (if living), the other parent's ability to care for children, and the reasons that the other parent is not named as guardian. Include reasons that the proposed guardians are named. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has other parent ever been convicted of ANY crime?      No                      Yes

**NAME OF CHILD:** \_\_\_\_\_

**PROPOSED PRIMARY GUARDIAN:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Other Children: \_\_\_\_\_

Has any proposed guardian ever been convicted of ANY crime? No Yes

**PROPOSED'CNVGTPCVG GUARDIAN:**

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Has any proposed guardian ever been convicted of ANY crime? No Yes

**PROPOSED PRIMARY TRUSTEE:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Other Children: \_\_\_\_\_

Has any proposed trustee ever been convicted of ANY crime? No Yes

**PROPOSED ALTERNATE TRUSTEE:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Has any proposed trustee ever been convicted of ANY crime? No  Yes

\*\*\*NOTE: IN THE EVENT THERE IS MORE THAN ONE MINOR CHILD, PLEASE MAKE A COPY OF THIS PAGE 5 AND COMPLETE A SEPARATE SHEET FOR EACH MINOR CHILD.

**C. INCOME AND ASSETS:**

Employment (Name and address of Employer, Net Income):

---

---

Social Security (type of benefit & amount): \_\_\_\_\_

Public Assistance (AFDC or HR amount): \_\_\_\_\_

Does pension provide death Benefits?      No  Yes

Beneficiary: \_\_\_\_\_

How exactly is the designation worded? \_\_\_\_\_

If funded in a trust or with an insurance company, name, address and phone number of person or company testator is supposed to contact for information:

---

---

Pension currently received or expected to be received by Testator: \_\_\_\_\_

Current amount of pension: \_\_\_\_\_

Does testator or anybody else have residual rights from pension fund on death of testator?

No  Yes  If yes, How exactly is the designation worded?

---

Does pension plan give pensioner any rights besides current or expected periodic income? (e.g. death benefits):      No  Yes

Type of Benefits:

---

---

**C. INCOME AND ASSETS (CONTINUED):**

**COMPANY BENEFITS:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>TYPE OF BENEFITS</b> (HEALTH, PENSION, PROFIT SHARING, ETC.)	<b>OFFICE TO CONTACT</b> (INCLUDE PHONE NUMBER)

**MISC. COMPANY BENEFITS:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**C. INCOME AND ASSETS (CONTINUED):**

**CURRENT RESIDENCE INFORMATION:**

Does testator rent or own present living quarters? Rent  Own

If own, specify type of property? 1-3 Family  Mixed Use  Condo  Coop

Other: \_\_\_\_\_

Exact names on the lease or deed? \_\_\_\_\_

If own, describe ownership (eg. Joint/individual)? \_\_\_\_\_

If own, what is the value of the property? \_\_\_\_\_

If own, does client have a mortgage? No  Yes

Lender Information/Loan Amount? \_\_\_\_\_

If renting, is apartment rent stabilized or rent controlled? No  Yes

**\*\*OTHER INTEREST IN REAL PROPERTY:**

Does Client own (or have interest) in any other real property? No  Yes

Specify type of property? 1-3 Family  Mixed Use  Condo  Coop

Other: \_\_\_\_\_

Specify Address: \_\_\_\_\_

If yes, specify type of ownership? \_\_\_\_\_  
(Individual/Joint/Interest in Corporation)

Exactly whose names are on the stock/lease or deed? \_\_\_\_\_

Does Client stand to inherit (or have interest) in any other real property? No  Yes

Describe conditions to inheritance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*NOTE: IN THE EVENT, CLIENT MAY HAVE INTEREST IN OTHER REAL PROPERTY, PLEASE ADD A SEPARATE SHEET DETAILING SAID OWNERSHIP.**



**C. INCOME AND ASSETS (CONTINUED):**

**\*\*BANK ACCOUNTS:** (includes Savings, Checking, Cash, CD's and Money Market Accounts). List below: Note: If client is unsure about the form of ownership, he/she should contact the bank.

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account? Joint  Checking  Savings  Other \_\_\_\_\_

Account No.: \_\_\_\_\_ Approx. balance: \_\_\_\_\_

Joint owner: \_\_\_\_\_ In Trust for: \_\_\_\_\_

How is account used? (Current cash flow? Nest egg? Pay bills?) \_\_\_\_\_

Is anybody else's name on the account? No  Yes

Does the testator regard the account as his/her property? No  Yes

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account? Joint  Checking  Savings  Other \_\_\_\_\_

Account No.: \_\_\_\_\_ Approx. balance: \_\_\_\_\_

Joint owner: \_\_\_\_\_ In Trust for: \_\_\_\_\_

How is account used? (Current cash flow? Nest egg? Pay bills of testator or somebody else?) \_\_\_\_\_

Is anybody else's name on the account? No  Yes

Does the testator regard the account as his/her property? No  Yes

**\*\*NOTE:** IN THE EVENT, CLIENT MAY HAVE MORE THAN TWO BANK ACCOUNTS, PLEASE ADD A SEPARATE SHEET DETAILING BANK INFORMATION.

**C. INCOME AND ASSETS (CONTINUED):**

**LIFE INSURANCE:**

a. Company and name of agent:

---

---

b. Policy Number, amount of Policy and type of Insurance (e.g. whole life, term, group, etc.) \_\_\_\_\_

c. Owner of Policy: \_\_\_\_\_

d. Primary Beneficiary: \_\_\_\_\_

e. Secondary Beneficiary: \_\_\_\_\_

**ACCOUNTS WITH BROKERAGE FIRMS:**

Name of firm, branch, representative and account number:

---

---

Does anybody have an interest in the account?      No  Yes

Specify: \_\_\_\_\_

---

---

**STOCKS AND BONDS (Other than in Brokerage Account):**

Issuer, number of shares of stock, or principal amount of bonds, approximate market value:

---

---

---

**UNION BENEFITS:**

Name of Union: \_\_\_\_\_

Local Number: \_\_\_\_\_ Card Number: \_\_\_\_\_

Office to Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What are client's principal debts, in total? \_\_\_\_\_

Is client currently owed any money, or part of any pending litigation that may make money payable to client:     No  Yes

**COMMUNITY PROPERTY:** Generally, all property acquired by a husband and wife during their marriage, from the earnings of either spouse, while domiciled in a community property state or civil law country, as well as property located in a community property state or civil law country and acquired during marriage, is owned equally by them and is called community property. If you or your spouse have resided, during marriage, in any community property law states such as Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, or in any countries other than the United States, specify the name of the states or countries and dates of residence.

	<u>State or Country</u>	<u>Dates of Residence</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**D. WILL**

Is there a previous Will?      No  Yes

Has testator previously executed a durable power of attorney?      No  Yes

**BEQUEST OF ALL TANGIBLE PERSONAL PROPERTY:**

Principal Beneficiary(s): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Beneficiary(s): (If principle should predecease Testator) \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*\*SPECIFIC BEQUESTS:**

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Item: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
**\*\*NOTE:** IN THE EVENT, CLIENT WISHES TO MAKE MORE THAN (TWO) SPECIFIC BEQUESTS, PLEASE LIST INFORMATION A SEPARATE SHEET.

**D. WILL (cont)**

**BEQUEST OF RESIDUARY ESTATE:**

Principal Beneficiary(s): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Beneficiary: (If principle should predecease Testator)

\_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are all distributes mentioned?      No  Yes       (If not, explain below)

\_\_\_\_\_

\_\_\_\_\_

Names of persons specifically excluded from the Will:

\_\_\_\_\_

\_\_\_\_\_

**BODY DISPOSITION AND FUNERAL ARRANGEMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cremation?      No  Yes

Prepaid Plans?      No  Yes

If yes, please provide funeral home information, and cemetery plot information Name of  
Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**D. WILL (cont)**

**EXECUTOR**

Name of Executor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

**ALTERNATE EXECUTOR**

Name of Executor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (Should be New York State Resident)

Phone Number: \_\_\_\_\_

Relationship to Testator: \_\_\_\_\_

Are Executors required to post a Bond:      No       Yes

Are Executors required to act: Together  Separate

**E. ADVANCE DIRECTIVES:**

**DOES TESTATOR WISH TO EXECUTE THE FOLLOWING:**

**1. GENERAL POWER OF ATTORNEY** No  Yes

Name of Appointee: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Alternate Appointee: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2. HEALTH CARE PROXY** No  Yes

Name of Primary Appointee \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Alternate Appointee: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**3. LIVING WILL** No  Yes

Does Client wish to donate tissue or organs: No  Yes

In situations of either: (a) a terminal condition, (b) a permanently unconscious condition, or (c) a minimally conscious condition in which Client will be permanently unable to make decisions or express wishes:

a) Should nutrition be withheld? No  Yes

b) Should hydration be withheld? No  Yes