

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: _____

TYPE OF BENEFITS (HEALTH, PENSION, PROFIT SHARING, ETC.)	OFFICE TO CONTACT (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 spouse 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