

SLATE LAW & ASSOCIATES

Attorneys At Law

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Your Name: _____ **FEE:** _____

Date: _____

WILL QUESTIONNAIRE

1. **Your full name (first, middle, last), address, email and telephone number.**

2. **Are you over the age of 18 years?** Yes _____ No _____

3. **Are you married?** Yes _____ No _____
If yes provide full name of spouse (first, middle, last) _____

4. **The person named above is your** Husband _____ Wife _____

5. **If you have been married before, provide names of former spouse(s), date(s) marriage ended; how it ended; i.e., death, divorce, etc.**

6. **How many children do you have who are your natural children?** _____

7. **Full name (first, middle, last) of each person referenced above together with their relationship to you and where they currently reside; i.e., John Edward Doe, son, 123 Main, Dallas, Texas 75052.**

a. _____
b. _____
c. _____
d. _____
e. _____

8. Are there any persons who are not your natural children whom you have adopted? Yes _____ No _____

If so, list the full name, relationship to you and current area of residence for each; i.e., Sally Jane Roe, stepdaughter, currently resides in 123 Deer St., Deer Park, TX 77536:

9. Are there any persons who are NOT your natural children, whom you have NOT formally adopted whom you wish to have considered as children under this Will? Yes _____ No _____

If so, then list the full name (first, middle, last), relationship to you, current area of residence; i.e., Jane Marie Doe; unadopted stepdaughter; 123 Deer St., Deer Park, TX 77536:

10. Please indicate which of the persons listed in responses to 7, 8, and 9 to whom you are referring when you refer to my "child" or "children".

11. Do you have any person or persons whom you wish to make a special point of **EXCLUDING** from your Will. For example, if you have a child or stepchild who might normally be considered a person who would be a beneficiary of your body that you wish to exclude, it is normally better to make a point of excluding that person so that it does not appear that they were excluded by accident. Do such persons exist? Yes _____ No _____

If so, please provide full name (first, middle, last), their relationship to you and their current area of residence. Example: Jack Blacksheep, stepson, 123 Deer St., Deer Park, TX 77536:

12. Do you have any deceased children? Yes _____ No _____

If so, please list their full name (first, middle, last), exact relationship, approximate date of death.

13. List in order of preference the persons whom you would like to have serve as your executor (executrix). List at least two, but no more than three. List full name (first, middle, last), their relationship to you; current area of residence. Note: From a practical point of view, it is much easier for the executor if they are in the same area where you will be residing at the time of your death.

14. Do you wish for your spouse to be the ONLY beneficiary under your will?

Yes _____ No _____

If "no" to above, please list the order of persons whom you wish to be beneficiaries under your Will and the portion of your estate that you wish for each to receive.

15. In the event that one or more of the beneficiaries identified above, should predecease you, what disposition do you want for the property that would have gone to such beneficiary, had they not predeceased you?

16. **Is the value of your estate excluding retirement plans and/or insurance policies in excess of \$675,000.00?** Yes _____ No _____

If yes we need to discuss possible tax consequences and/or estate planning needs.
If no, the size of your estate will not exceed the current allowable deduction and based upon that fact ALONE, probably will not incur tax liability.

17. **If you have minor children, whom, if anyone, would you like to designate as guardian of your children?**

Name: _____
Address: _____
Relationship: _____

Name: _____
Address: _____
Relationship: _____

18. **If an underage child(ren) is a beneficiary under your Will, what age would you like for them to obtain before their inheritance is turned over to them (i.e., 18, 25, 35, etc.)** _____

19. **Whom do you wish to serve as trustee of any trust created by this Will?**

Name: _____
Address: _____
Relationship: _____

Name: _____
Address: _____
Relationship: _____

Name: _____
Address: _____
Relationship: _____

20. **Do you wish to allow your trustee to invade the body of the trust to pay for extraordinary needs or education of the beneficiary?** Yes _____ No _____

21. **Do you have any special gifts that you wish to make to any particular person or entity?** (Example: my mother's gold locket to my daughter, Susie.)

If yes:

A. Beneficiary One: _____

1. Description of property given: _____

2. Name of person receiving special devise: _____

3. Relationship: _____

B. Beneficiary Two: _____

1. Description of property given: _____

2. Name of person receiving special devise: _____

3. Relationship: _____

C. Beneficiary Three: _____

1. Description of property given: _____

2. Name of person receiving special devise: _____

3. Relationship: _____

22. **Please provide any other comments which you believe will be useful in expressing your testamentary wishes.**

23. **If you wish to sign a Living Will, Durable Power of Attorney or Durable Power of Attorney for Health Care, please indicate by your initials in front of each which of these documents, if any, that you wish to execute.**

_____ A. Living Will (Directive to Physicians)

_____ B. Durable Power of Attorney

A/B-1. Name, address and telephone number of person whom you wish to give authority to make business decisions for you in the event of your incapacity.

A/B-2. Name, address and telephone number of an alternate person, if any, whom you wish to give authority to make business decisions for you in the event of your incapacity.

_____ C. Power of Attorney for Health Care

C-1. Name, address and telephone number of person whom you wish to give authority to make health care decisions on your behalf in the event of your lack of competency to do so.

C-2. Name, address and telephone number of an alternate person whom you wish to give authority to make health care decisions on your behalf in the event of your lack of competency to do so.
