



A FINANCIAL LEGAL SERVICES CORPORATION

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WILL QUESTIONNAIRE

Tell Me About Yourself:

1. Your Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____
2. Gender: Male Female Birth date: _____ Age: _____
3. Social Security Number: _____
4. Marital Status? Single Married Divorced Widowed Domestic Partnership
5. Partner\Spouse's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____
6. Please list any Children born to you or legally adopted by you by full names and birth dates:
Full Name: _____ Date of Birth: _____ Age: _____
Full Name: _____ Date of Birth: _____ Age: _____
Full Name: _____ Date of Birth: _____ Age: _____
Full Name: _____ Date of Birth: _____ Age: _____
*attach an additional sheet if necessary

Your Minor Children's Guardian

Check here if you do not have any minor children and skip to question 8.

7. Who do you want as legal guardian for your minor children (the person who will assume responsibility for your minor children)? If you name someone other than the child's natural parent, the natural parent may contest your choice:

First Choice for Guardian of Minor Child

Full name: _____
What is the relationship of this person to you? _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

Second Choice for Guardian of Minor Child

Full name: _____
What is the relationship of this person to you? _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

Would you like to include an explanation of why you chose this person?
[] Yes
[] No

Your Personal Representative

8. Your personal representative—formerly called an executor—is responsible for collecting and distributing your property after you die and for arranging to pay your debts and taxes. Most people choose their spouse for this job. It is both common and appropriate to name a close relative or friend to do the job if your spouse is unable to do it.

First Choice for Personal Representative

Full name: _____
What is the relationship of this person to you? _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

Second Choice for Personal Representative

Full name: _____
What is the relationship of this person to you? _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (please include cell phone numbers) _____
Email: _____

Tell Us About Who You Want To Receive Your Property

9. The Wills I prepare for most of my married clients contain the following features:
All of your property goes to your spouse. If your spouse does not survive you, then it goes equally to your children, subject to the children’s trust if the children are under the age of 25.

If your child dies before you, then your child’s share goes to his or her children. If you do not believe this will work for you (or if you are not married or have no living children) please explain whom you would like your property to go to. Also include the relationship of each named person, for example, brother or mother. (add an additional sheet explaining this)

Your Children's Trust

10. Check here if you do not have children under the age of 25 or do not want a children's trust and skip to question 12.

Without your children's trust, your children would receive all their share of the property in one lump sum at age 18. This is usually not a good idea for most children. The children's trust we use provides that all property going to a child less than 25 years of age will be held in a trust for that child. The Trustee (this is the person who manages your children's property) has power to provide for all of your child's needs. When your youngest child turns 21, the Trustee will begin distributing the remaining property to your children in 3 payments, at age 21, age 23, and age 25.

If you don't think this will work for you, please explain how you would like to leave property to your children who are age 25 or younger: (attach an additional sheet)

Trustee of Your Children's Trust

11. Who would you like to appoint as Trustee for your children's trust? This person is usually the same person as your choice for Guardian, but may be a different person.

First Choice for Children's Trust

Full name: _____

What is the relationship of this person to you? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (please include cell phone numbers) _____

Email: _____

Second Choice for Children's trust

Full name: _____

What is the relationship of this person to you? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (please include cell phone numbers) _____

Email: _____

Personal Property List

12. We will put a provision in your Will, which allows you to make a list at any time of any personal property you want to leave to specific persons. This will allow you to make specific gifts of your personal property without having to pay an attorney or change your Will. You don't need to make the list at this time. Instructions for how to make the list will be contained in your Will.

Debts

13. Would you like to Cancel any Debts owed to you?

Yes No

Full name: _____

What is the relationship of this person to you? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (please include cell phone numbers) _____

Email: _____

Debt Amount: _____ Date Incurred _____

Provisions: _____

Attach Sheet if Necessary

Person to care for your Pets

14 Who would you like to appoint as the person that will take care of your pets?

First Choice for Pet Caregiver

Full name: _____

What is the relationship of this person to you? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (please include cell phone numbers) _____

Email: _____

Second Choice for Pet Caregiver

Full name: _____

What is the relationship of this person to you? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (please include cell phone numbers) _____

Email: _____

Pet :

Name: _____

Type of Animal: _____

Feeding requirements: _____

Medications: _____

Unusual Behaviors: _____

Pet :

Name: _____

Type of Animal: _____

Feeding requirements: _____

Medications: _____

Unusual Behaviors: _____

(attach additional sheet if needed)