



Will Questionnaire Sheet

Please return via mail, fax, or email – intake@probono-no.org

Many people use more than one name, such as a nickname, or middle name. On your will it is especially important to use your full "official" name (name used on checks or income tax return)

Full Name _____

MARITAL/FAMILY STATUS

Currently married _____ (Full name of spouse)

Do you have a written prenuptial agreement? No Yes

Separated? No Yes Date separated: _____

Spouse deceased Never married Divorced

Do you have children? Yes No. If YES, list their names and dates of birth below.

Children:

Have you ever signed a will before? No Yes

Did you register it with the Secretary of State? No Yes Don't know

Do you still have the original? No Yes

Assets I Own

Before you determine to whom you want to leave your property, you need to think about the property you have to give away. Some property, such as jointly owned property with right of survivorship, will go automatically to a joint owner, even if you have a will.

Real Estate - Address _____ _____ _____	How Owned (ex: community property?)
Checking Accounts _____ _____ _____	How Owned (Joint?)

Savings Account <hr/> <hr/> <hr/>	How Owned
Vehicles <hr/> <hr/> <hr/>	How Owned
Property in Trust <hr/> <hr/> <hr/>	How Owned

Do you have a cemetery plot or mausoleum space? No Yes

Where is it located? _____

Do you have a safety deposit box? No Yes

Where is the safety deposit box located? _____

Do you have a secondary signer on the box? No Yes

Do you have any other types of property? _____

Choice of Personal Representative

Who will be responsible to take your will to the attorney when you die and work with the attorney to ensure your estate is administered according to your wishes? Choose someone who you believe is *willing and able* to handle the job.

Who is your 1st choice?

Name: _____

Their relationship to you:

I have talked with this person and they agree to serve as my executor. Yes No

If they die before you, your 2nd choice?

Name: _____

Their relationship to you:

I have talked with this person and they agree to serve as my executor. Yes No

Select Your Beneficiaries

List the names and addresses of the people you want to name in your will. This list could include children, grandchildren, siblings, and friends. Be sure to note if anyone you name is under 18 years old.

Full name: _____ Under 18 - Yes No

Street address: _____ Relationship to you: _____

City, State, Zip: _____

Full name: _____ Under 18 Yes No

Street address: _____ Relationship to you: _____

City, State, Zip: _____

Full name: _____ Under 18 Yes No

Street address: _____ Relationship to you: _____

City, State, Zip: _____

Full name: _____ Under 18 Yes No

Street address: _____

City, State, Zip: _____

Please leave any additional parties in notes section below.

Specific Gifts (ex: I give: my personal property TO: my granddaughter Jane Doe)

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

I give: _____ TO: _____

Notes:

Disinheritance of a Child(ren)

Please let us know if you intend to disinherit a child and why

Child's name: _____

Under 24 - Yes No

Is this child disabled mentally and/or physically? Yes No

Child's name: _____

Under 24 - Yes No

Is this child disabled mentally and/or physically? Yes No

Child's name: _____

Under 24 - Yes No

Is this child disabled mentally and/or physically? Yes No

If your case is selected by a volunteer attorney, they will explain more about disinheritance and can tell you whether or not you can legally disinherit your child or grandchild.

YOUR OWN THOUGHTS

Put in your own words your thoughts about how you wish to distribute your property. For example: "I want to everything to go to my husband, but if he dies before I do, I want my children to share all my things equally." *Please feel free to write on back of paper.*

QUESTIONS YOU NEED ANSWERED I want to ask:

Other Estate Planning Documents

General power of attorney: The transfer of unlimited financial powers to someone you trust (an agent). You, the principle, must complete the document in its entirety and the agent must accept the position for the transfer to be considered valid.

Healthcare power of attorney (HCPOA): Authorization of another person (the agent) to make healthcare decisions for you, the principle.

Living Will: A written declaration directing the withholding or withdrawal of life sustaining procedures in the event such person should have a terminal and/or irreversible condition.” from the Louisiana Secretary of State

Are you interested in executing a General Power of Attorney? No Yes

Are you interested in executing a Health Power of Attorney? No Yes

Are you interested in executing a Living Will? No Yes