

Internal Office
Date of Initial Meeting _____
Conflict Check _____
Photo ID _____
Retainer Quoted _____

WILL QUESTIONNAIRE

NAME: _____

ADDRESS: _____

CELL PHONE: _____ **BUSINESS PHONE:** _____

EMAIL: _____

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?

EMAIL TELEPHONE MAIL

1. Who do you want to be the personal representative of your estate?

Alternate?

2. Do you want any person to have any specific property or items?

3. Who do you want to inherit the remainder of your property?

Alternate?

4. Names and ages of minor children:

5. Guardian for the children?

6. Do you want a living will? _____

7. Do you want a durable (financial) POA? _____

8. Do you want a health care POA? _____

9. How did you hear about our office? _____

**PLEASE PROVIDE YOUR DRIVER'S LICENSE OR PICTURE ID UPON
 COMPLETION OF THIS FORM.**