WILL QUESTIONNAIRE

		Date:
I. <u>FAMILY INFORMATIO</u>	<u>ON</u>	
Full Name:		
Date of Birth:		
Social Security No.:		
Full Name of Spouse:		
Date of Birth of Spouse:		
Social Security Number of Spouse: _		
Date of Marriage:		
Full Name of Each Child	Date of Birth	*

^{*} If any of these children are born of a prior marriage, please write in name of parents here.

II. GENERAL INFORMATION

Home Address:
Home Telephone Number:
Employer:
Address:
Business Telephone Number:
Is your spouse employed? Yes No If so, where?
Do you presently have a will? Yes No If so, where is the original?
Does your spouse have a will? Yes No If so where is the original?
Do you have a safe deposit box? Yes No If so, at what bank and branch?
III. REAL ESTATE YOU OWN
Residence Address:
Names on Deed (Yours only or spouse?)
When Purchased:
Purchase Price:
Is there a Mortgage? Yes No If so, to whom?
How much is the mortgage halance?
What is the current fair market value of your residence?

information:						
Address:						
(1)						
(3)						
(4)						
(5)						
IV. II	NVEST	MENTS				
(A) As to all	stocks o	owned, give the	following info	ormation (list eacl	n separately):	
Owner	Comp		No. of	Date	Purchase	Present Market
(<u>H or W)</u>			<u>Shares</u>	<u>Acquired</u>	<u>Price</u>	<u>Value</u>
1)						
2)						
3) 4)						
5)						
5)						
7)						
9)						
10)	-				-	_
Yes	No	or more busing		erest in one or mo	re businesses?	?
<u>% In</u>	<u>terest</u>	Corporation	or Other	Name of Bus	iness	
(C) As to all information:		notes and mortg	gages owned by	y you and/or your	spouse give t	he following
Face Value		Description		Date Acquire	ed Pur	chase Price

Do you and/or your spouse own any other real estate? If so, as to each parcel give the following

'es No	-				
so, give detailed	information below a				
V. <u>LIFE I</u>	NSURANCE				
st all policies co	vering you, your spou	use and your childr	en.		
Company	Policy No.	Owner H or W	First Beneficiary	Second Beneficiary	Face Value
				_	
				_	-
				_	
. <u>RETIRE</u>	MENT BENEFITS				
A) Death benefit	s payable under pensi	on or profit-sharin	g plan, HR10 or I	RA, or other:	
escription]	Payable To		Amount	
					- -
II. PERSON	AL PROPERTY				
		of iovvoley mains	tima am tha lilva vya	th \$5,000,00 a	
•	any single antique, ite		ting or the like wo	orth \$5,000.00 o	r more?
es No	If so, ple	ease list below:			
Description	<u>n</u>	<u>Date</u>	Cost	Prese	ent Valu
			_		
			_	_	

5)			
(B) What is the value of all of	of the household goods, f	furniture and furnishings o	wned by:
You alone:			
Your spouse alone:			
You and spouse jointly:			
(C) List all cars, boats and a	rcraft or other vehicles o	wned by you or your spou	ise:
Year/Make	<u>Owner</u>	Financed With	Value
1)			
2)			
4) 5)			
6)			
7)			
VIII. <u>BANKS</u>			
As to all checking and saving	gs accounts, list:		
Bank or Savings and Loan	Owners of Account	Checking or Savings A	Amount
IX. MONEY MARKE	T FUNDS		
Where Held	Owners of Account	Amount	
	-		

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If you	ı anticipate any	inheritance(s)	, give full information	on about it (them):	
XI.	OTHER				
List a	ny and all othe	r property or in	nterest in property n	ot already listed:	
	<u>Item</u>		Owner	<u>Value</u>	
1)					
3)					
4)				_	
XII.	DESIRED DIS	STRIBUTION	<u>1</u>		
	How do you	wish to dispo	ose of your property	(to be answered by both spouses):	
	<u>Husband</u>	Wife			
			All to my spou	se.	
			If my spouse is	dead, then all to my children.	
				hem until the youngest reaches a	ı
			That age is spe	cified here.	

Other (specify below)

If neither my spouse nor follows:	any of my children survive me	e, then I want my estate distributed as
XIII. PERSONS TO A	<u>SSIST</u>	
wife):	ons to assist in the event of my	death (to be answered by both husband ar
<u>Husband</u>	Wife	
<u>Husband</u>	<u>Wife</u>	Name of executor (the perso to administer my estate)
<u>Husband</u>	<u>Wife</u>	
Husband	<u>Wife</u>	Name of contingent executo (if named executor cannot serve or is dead)
Husband	Wife	Name of contingent executo (if named executor cannot serve or is dead) Name of Trustee (if I have a
Husband	Wife	Name of contingent executo (if named executor cannot serve or is dead) Name of Trustee (if I have a trust) Name of contingent Trustee