

LAST WILL AND TESTAMENT QUESTIONNAIRE

This questionnaire provides for the preparation of your Will. Each individual should complete a questionnaire even if a husband and wife are both making Wills.

GLOSSARY OF TERMS

- BENEFICIARY:** Any individual(s), church or organization chosen to receive your assets after death.
- CODICIL:** Any change or addition added later to update or revoke a prior Will.
- EXECUTOR:** A person named in the Will who collects assets, pays debts and distributes the balance in accordance with the provisions of the Will.
- GUARDIAN:** Individual(s) who have custody and control of the property of minor children until they reach the age of 18 years.

PERSONAL INFORMATION

Husband	Wife
Full Name (First, M.I., Last):	Full Name (First, M.I., Last):
Address (Street, City, State, and Zip Code):	Address (Street, City, State, and Zip Code):
County:	County:
Phone (home):	Phone (home):
Phone (cell):	Phone (cell):
E-mail address:	E-mail address:
Date of Birth:	Date of Birth:
Driver License No:	Driver License No
Date of Marriage:	Date of Marriage:

CHILDREN

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Date of Birth: _____ Gender: Male _____ Female _____

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Date of Birth: _____ Gender: Male _____ Female _____

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Date of Birth: _____ Gender: Male _____ Female _____

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Date of Birth: _____ Gender: Male _____ Female _____

**IF CHILDREN ARE UNDER THE AGE OF 18
PLEASE LIST YOUR CHOICE OF TWO GUARDIANS**

First Guardian Choice:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Relationship: _____

Second Guardian Choice:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home Cell

Relationship: _____

BENEFICIARIES OF YOUR ESTATE

(Please Check One)

- Married: To spouse, then to minor or adult children;
both natural or adopted, equal shares.
- Married: To spouse, then to minor or adult children;
both natural or adopted, and step-children, equal shares.
- Married: To spouse, then to adult children;
both natural or adopted, equal shares.
- Married: To spouse, then to adult children;
both natural or adopted and step-children, equal shares.
- Married: To spouse, no children;
then to others in percentage shares (next page).
- Single: With minor and adult children
both natural or adopted, in equal shares.
- Single: With adult children;
both natural or adopted in equal shares.
- Single: With no children;
Others in percentage shares (next page)

Notes: _____

OTHER BENEFICIARIES

List the percentage of your Estate or specific items to be received by each beneficiary along with their name(s) and address(es)

Name: _____

Address: _____
Street City State Zip

Percentage: _____ Or Item: _____

Name: _____

Address: _____
Street City State Zip

Percentage: _____ Or Item: _____

Name: _____

Address: _____
Street City State Zip

Percentage: _____ Or Item: _____

Name: _____

Address: _____
Street City State Zip

Percentage: _____ Or Item: _____

EXECUTOR OF YOUR ESTATE

Your Executor must be at least 18 and preferably live in Ohio.

If married and your spouse is named your Executor, please list a second choice below.

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home: Cell:

Relationship: _____

If single, please name a first and a second choice for someone to act as your Executor.

First Choice:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home: Cell:

Relationship: _____

Second Choice:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home: Cell:

Relationship: _____

LIVING WILL
Please list two contacts

First Contact:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home: Cell:

Relationship: _____

Second Contact:

Name: _____

Address: _____
Street City State Zip

Phone(s): _____
Home: Cell:

Relationship: _____

DONOR REGISTRY

Do you wish to complete an organ donor form?

Yes _____

No _____

If Yes:

_____ *Please provide Driver's License Number*

If Yes: Do you wish to donate all organs?

Yes _____

No _____

If Yes: For **any** purpose authorized by law?

Yes _____

No _____

If No:

Exceptions: _____



What other comments/notes or information do you wish to share with us?

