

# 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 \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone(s): \_\_\_\_\_  
Home Cell

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone(s): \_\_\_\_\_  
Home Cell

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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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: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Percentage: \_\_\_\_\_ Or Item: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Percentage: \_\_\_\_\_ Or Item: \_\_\_\_\_

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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: \_\_\_\_\_

**FINANCIAL POWER OF ATTORNEY**

Are multiple agents to serve:                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

If Yes:                      Independently                      \_\_\_\_\_                      Jointly                      \_\_\_\_\_  
*(all must act together)*

**Initial Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street    City    State    Zip

Phone(s): \_\_\_\_\_  
Home: \_\_\_\_\_    Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Backup Agent:**

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?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_