



Evergreen Elder Law

WILL QUESTIONNAIRE

TESTATOR: _____
(Last) (First) (Middle Initial)

SPOUSE: _____
(Last) (First) (Middle Initial)

CHILDREN: _____
(Last) (First) (Middle Initial)

(Last) (First) (Middle Initial)

(Last) (First) (Middle Initial)

(Last) (First) (Middle Initial)

DISINHERIT CHILDREN? Y/N

IF YES, WHO: _____

PERSONAL REPRESENTATIVE:

(Last) (First) (Middle Initial)

ALTERNATE PR:

(Last) (First) (Middle Initial)

HOW IS ESTATE TO BE DISTRIBUTED UPON DEATH?

DO YOU HAVE MINOR CHILDREN? Y/N

IF YES, WHO SHOULD BE THE GUARDIAN?

(Last) (First) (Middle Initial)

ALTERNATE:

(Last) (First) (Middle Initial)

WOULD YOU LIKE YOUR WILL TO SPECIFY BURIAL, CREMATION, OR NONE?

WOULD YOU LIKE A TRUST IN YOUR WILL? WHAT ARE YOU ATTEMPTING TO ACCOMPLISH?

FOR WHO?

| | | |
|--------|---------|------------------|
| (Last) | (First) | (Middle Initial) |
| _____ | _____ | _____ |
| (Last) | (First) | (Middle Initial) |
| _____ | _____ | _____ |
| (Last) | (First) | (Middle Initial) |
| _____ | _____ | _____ |

PLEASE LIST THE ASSETS WITH AMOUNT AND VALUE OF YOUR ESTATE:

PLEASE LIST ANY DEBTS OF YOUR ESTATE:

WHO WOULD YOU LIKE TO ACT AS POWER OF ATTORNEY FOR FINANCES AND HEALTH?:

WHO WOULD YOU LIKE TO ACT AS ALTERNATE POWER OF ATTORNEY FOR FINANCES AND HEALTH?:
