

SIMPLE WILL

CONFIDENTIAL QUESTIONNAIRE

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The information you provide is held in complete confidence, and is used for the sole purpose of drafting your Simple Will. This information is important in helping the attorney understand your current situation, goals and wishes for the future.

Preparation of the worksheet is mandatory prior to the initial appointment with Lillian. You are not required to complete all requested information if it is unknown or uncertain.

Date

First Name

MI

Last Name

Other Names

_____-_____-_____
Social Security Number

Date of Birth

Address

City

State

Zip code

County

Phone Number

Other Phone Number

E-mail Address

How soon would you like to complete planning? Is there a specific deadline? Ex: Upcoming trip, surgery, etc. Please briefly explain.

CONFIDENTIAL QUESTIONNAIRE

Are you a U.S. Citizen? ☐ Yes ☐ No

Do you presently have a will? ☐ Yes ☐ No

Do you presently have any estate planning? ☐ Yes ☐ No

Were there any previous marriages? ☐ Yes ☐ No

If yes, year ended in: _____

Do any of your children or other beneficiaries have disabilities? ☐ Yes ☐ No

Do you own a farm or business? ☐ Yes ☐ No

If yes, do any of your children work in the business with you? ☐ Yes ☐ No

If yes, does the child working in the business have an ownership interest in the business? ☐ Yes ☐ No

Do you or a family member or potential beneficiaries have any serious health problems? ☐ Yes ☐ No

Do you own a long-term care (nursing home) insurance policy? ☐ Yes ☐ No

Net Worth: If you added the value of all property you own including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of your estate? _____

What is the value of the death benefits on life insurance insuring you? _____

What is the total amount of your outstanding liabilities? _____

CHILDREN OR OTHER BENEFICIARIES

Name	Address and Phone	Date of Birth	Relationship

Appointments

Please include full name, address and phone number for contact

1. **Personal Representative.** The Will should name a personal representative to probate the estate. *Personal representative is also sometimes referred to as executor or administrator.*

Personal Representative	
Alternate	
Second Alternate	

2. **Power of Attorney.** Who should be named to make financial decisions on your behalf if you were unable to make decisions yourself due to incapacity or disability?

Personal Representative	
Alternate	
Second Alternate	

3. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Health Care Agent	
Alternate	
Second Alternate	

Plan of Distribution

1. **Specific Gifts.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

2. Briefly describe where you would want assets remaining after any specific gifts are distributed

_____ Equally between children, and if a child did not survive, the deceased child's children would take the share of the deceased child.

_____ Equally between surviving children.

_____ As follows: _____

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, nor your children or other beneficiaries named above survive, this may simply be to your more distant relatives or friends, or you may choose a charity. Please include: *full name, address and phone number.*

COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES OR BENEFICIARIES WITH DIABILITIES

1. **Guardian.** If you have child(ren) or other beneficiary(ies) who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve. Please include: *full name, address and phone number.*

Guardian (s)	
Alternate (s)	

2. **Testamentary Trustee.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution. Please include: *full name, address and phone number.*

Testamentary Trustee		
Alternate (s)		

3. **Age(s) of Distribution.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as $\frac{1}{2}$ at age 25 and the balance at age 30, or $\frac{1}{3}$ at 21, $\frac{1}{3}$ at 25, and $\frac{1}{3}$ at 35. You may use any age or combination of ages you choose.

4. **Advancements on Trust Principal.** If you do establish a trust to allow a third party to manage assets for beneficiaries above would you like your trustee to have the discretion to provide for advancements on principal to your beneficiaries prior to the age of distribution? For example, the trustee may provide advancements fo principal for pursuing advanced education, purchasing a home, starting a business, travel, etc. If yes, please specify when advancements are appropriate.

General Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.

[illegible]

Income/Asset/Liability Information

Please list your income/asset/liability information in the appropriate category below.

Attach a separate page if necessary.

Income:

Earned Monthly Income from Labor _____

Monthly Social Security Income _____

Monthly Pension Income _____

Other Monthly Income _____

Type of Asset	Title in Which Held <i>You solely; Joint w/ 3rd Party, Tenants in Common, etc.</i>	Current Value
Real Estate <i>Include type of property ex: residential, agricultural, commercial or manufacturing</i>		
Personal Resident		
Vacant Land		
Other:		
Liquid Assets <i>Include account number and address where held.</i>		
Cash on Hand		
Government and Publicly Traded Securities		
Unlisted Securities <i>Not Publicly Traded</i>		
Money Market Accounts		
Equity in Business ____ Sole Prop. ____ Partnership		
Notes and Loans Receivable		

Type of Asset	Title in Which Held <i>You solely; Joint w/ 3rd Party, Tenants in Common, etc.</i>		Current Value	
Checking Accounts				
Savings Accounts				
Certificates of Deposit				
Automobiles				
Other Personal Property				
Annuities	Owner	Beneficiary	Current Value	
IRAs				
Pension/Profit Sharing				
Life Insurance			Cash Value	Death Benefit
Other Assets				
Liabilities	Name Loan Taken In		Amount Owed	