

**MISSOURI WILL QUESTIONNAIRE**  
( Standard Will Package for Single Person With No Minor Children )

**Testator ( Person Making The Will )**

Name of the testator: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information**

Name of ex-spouse: \_\_\_\_\_ None \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Number of Children: \_\_\_\_\_ None: \_\_\_\_\_

Is there any chance of more children in the future ? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If Yes, please call for Minor Children Will Questionnaire)*

<u>Full Name</u>	<u>Address</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children from more than one marriage ? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If Yes, please arrange for a personal appointment as the standard may not be appropriate)*

**Personal Representative ( Executor )**

Who do you want to be the personal representative (executor) ? Your PR is responsible for administering your estate. Simply put, they will be responsible for liquidating your assets and distributing the proceeds to your designated beneficiaries. Although your PR does not have to be a Missouri resident, I recommend that you seriously consider how difficult it could be for someone far away to administer your estate.

\_\_\_\_\_ One personal representative and one or more successor personal representative  
*(This is the most common answer)*

\_\_\_\_\_ Two co-personal representatives. Can they work well together ?

First Choice: \_\_\_\_\_ *(Most common is child over 21)*

Address: \_\_\_\_\_

First Successor: \_\_\_\_\_

Address: \_\_\_\_\_

Second Successor: \_\_\_\_\_

Address: \_\_\_\_\_

**Beneficiary & Distribution Information**

Are there to be any specific bequests (gifts) of cash or personal property to someone other than your children? Yes \_\_\_\_ No \_\_\_\_

*(If Yes, please arrange for a personal appointment as the standard will may not be appropriate)*

If no, how do you want the remainder of your property to be distributed ?

\_\_\_\_ Everything to the child(ren) in equal shares. *(This is the most common answer)*

If a child dies before you, do you want their share to go to their children, if they have any ?

Yes \_\_\_\_ No \_\_\_\_ *(Yes is the most common answer)*

\_\_\_\_ Disinheriting one or more children to the extent permitted by law. Please give specific instructions.

If all of the beneficiaries (children/grandchildren/others) do not survive you, who do you wish to designate as alternate beneficiaries ?

\_\_\_\_ Standard distribution under state law to the following living individuals in the following order: (1) Parents, (2) Brothers/Sisters, (3) Nieces/Nephews/Aunts/Uncles.

*(This is the most common method)*

\_\_\_\_ Other (Specify) \_\_\_\_\_

*If none of the above, please arrange for a personal appointment as the standard will is not appropriate*

**Health Care Directive ( Living Will )**

Do you want a "living will" authorizing one or more of your children or friends to withdraw or determine your medical treatment if you are not capable of making your own medical decisions ? Yes \_\_\_\_ No \_\_\_\_

If yes, please give name and address of:

First alternate person: \_\_\_\_\_

Second alternate person: \_\_\_\_\_

**Durable Power of Attorney**

Do you want a "Durable Power of Attorney" giving one or more of your children or friends the ability to handle your affairs if you are mentally incapacitated ? Yes \_\_\_\_ No \_\_\_\_

If yes, please give name and address of:

First alternate person: \_\_\_\_\_

Second alternate person: \_\_\_\_\_

**To Pay By Credit Card**

Type of Credit Card: MasterCard \_\_\_\_ VISA \_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: Month \_\_\_\_ Year \_\_\_\_ Sec Code: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Amount: **\$245.00** for Standard Will Package

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail or fax the completed form with check or credit card payment to:**

**Greg A. Launhardt**

11420 Gravois Road, St. Louis, Missouri 63126, Call (314) 842-1313 Fax 842-7045

[greg@accountax-stl.com](mailto:greg@accountax-stl.com)