

WILL QUESTIONNAIRE
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Attorneys at Law
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1. Family members (include middle names)

a.	_____	_____
	Your name	Spouse's Name
	_____	_____
	Address	Address
	_____	_____
	City, State and Zip Code	City, State and Zip Code
	_____	_____
	County	County
	_____	_____
	Home Telephone Number	Home Telephone Number
	_____	_____
	Business Telephone Number	Business Telephone Number
	_____	_____
	Email Address	Email Address
	_____	_____
	Date of Birth	Date of Birth

b.	Are you a U.S. citizen?	_____	_____
		Yes	No
	Is your spouse a U.S. citizen?	_____	_____
		Yes	No

c. Date of marriage to your spouse: _____

d. If you have not lived in Texas your entire life, the date you moved to Texas:

e. If your spouse has not lived in Texas his/her entire life, the date he/she moved to Texas: _____

f. Children's Names (addresses if different from your own)

1. _____
Full Name

Address

City, State and Zip Code

Telephone Number

Date of Birth

2. _____
Full Name

Address

City, State and Zip Code

Telephone Number

Date of Birth

3. _____
Full Name

Address

City, Street and Zip Code

Telephone Number

Date of Birth

4. _____
Full Name

Address

City, Street and Zip Code

Telephone Number

Date of Birth

2. General Financial Information

a. What is the approximate total net value (give or take \$50,000) of all of your and your spouse's property (include real estate, personal property, retirement plans, and all other property of every kind). _____

b. How much life insurance coverage is there on your life? _____

How much life insurance coverage on your spouse's life? _____

c. If you own property located in another state, please describe it generally (e.g. condo in California, oil well in Oklahoma, etc.)

3. Guardians

List the names of two persons (or couples) whom you would like to raise your children if neither you nor your spouse were alive. Please identify their relationship to you where indicated (for example, your sister-in-law and her husband [if a couple], or your brother or your friend [if an individual]). Effectively, Guardians act as the "parents" of the children in the event that neither you nor your spouse are alive to raise them. They decide where the children go to school, what clothes they wear, what brand of toothpaste they use, etc.

1. _____

Full Name

Relationship to You

Address

City, State and Zip Code

Telephone Number

2. _____

Full Name

Relationship to You

Address

City, State and Zip Code

Telephone Number

4. Executor (trix)

The Executor (trix) is the person responsible for probating your Will and then distributing the property in the manner directed in your Will. Your Executor's (trix') job is temporary, typically lasting three to six months. List the names and addresses of two close friends or family members (other than your spouse) who are trustworthy and capable of making good decisions. Please identify their relationship to you where indicated (for example, your brother, your sister-in-law, your friend, etc.).

1. _____ Full Name	2. _____ Full Name
_____ Relationship to You	_____ Relationship to You
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code
_____ Telephone Number	_____ Telephone Number

5. Trustee

The Trustee's job is to manage money for another person(s), called the "beneficiary." Because the Trustee will be managing money for another, it is important that the Trustee be very honest and capable of making good decisions. List the names and addresses of two close friends or family members who are trustworthy and capable of making good decisions. Please identify their relationship to you where indicated (for example, your brother, your sister-in-law, your friend, etc.).

1. _____ Full Name	2. _____ Full Name
_____ Relationship to You	_____ Relationship to You
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code
_____ Telephone Number	_____ Telephone Number

6. Directive to Physicians

A Directive to Physician is sometimes erroneously called a “Living Will.” This document simply states that if you are hopelessly and incurably ill, you do not wish to be needlessly kept alive on life support systems. If two doctors certified that you were hopelessly terminally ill, would you nevertheless want to be kept on a life support system?

_____ Yes _____ No

If your answer is “no,” would you like to sign a document directing your physician not to put you on a life support system to needlessly prolong your life should you become terminally ill?

_____ Yes _____ No

7. Durable Health Care Power of Attorney

Other than your spouse, who would you want to make health care decisions for you in the event you could not make your own decisions (e.g. if you were comatose)? Should you choose someone other than the person(s) listed previously in this questionnaire, please list their full name(s), address(es) and telephone number(s) below.

1. _____
Full Name

Address

City, State and Zip Code

Telephone Number

2. _____
Full Name

Address

City, State and Zip Code

Telephone Number

8. Statutory Durable Power of Attorney

A Statutory Durable Power of Attorney is a very potent document. It allows the person you name (called the “Agent”) to do *anything* which you could do yourself. For example, your Agent could buy or sell real estate, open and close bank accounts, buy or sell investments, etc. If you name an alternate other than your spouse, it should be someone who is very trustworthy and is capable of making good decisions.

Other than your spouse, who would you want to manage all of your financial affairs if you were unable to do so due to physical or mental impairment? Should you choose someone other than the person(s) listed previously in this questionnaire, please list their full name(s), address(es), telephone number(s), and relationship(s) below.

1. _____ Full Name	2. _____ Full Name
_____ Relationship to You	_____ Relationship to You
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code
_____ Telephone Number	_____ Telephone Number

Also, please bring with you the last two (2) years of Form 1040, U.S. Individual Tax Return and your Personal Financial Statement (if you have one).

9. Who is your accountant?

Full Name

Company

Address

City, State and Zip Code

Telephone Number

10. Who is your financial advisor?

Full Name

Company

Address

City, State and Zip Code

Telephone Number

11. Who referred you to this firm?

Full Name

Company

Address

City, State and Zip Code

Telephone Number