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QUESTIONNAIRE FOR SIMPLE WILL

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Marital Status: (Circle appropriate): Never Married Married Divorced Widowed

Spouse: _____

Date of Birth: _____

Address (if different from yours): _____

Children:

All Children born or adopted by you:

Name:	Address	DOB	Living
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All Children of your spouse (if different from your children)

Name:	Date of Birth	Living
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLANS FOR DISTRIBUTION

Do you want to make any Charitable Gifts? (Gifts to a Charity, Church, etc.) Yes No

To Whom	Describe Gift
<hr/>	
<hr/>	
<hr/>	

Gifts of Specific Items Desired? (Specific jewelry, china, property, etc.) Yes No

To Whom	Describe Gift
<hr/>	
<hr/>	
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Other than the charitable gifts and specific items listed above, who do you want to give your property?

Primary Beneficiar(ies): _____

Alternate Beneficiar(ies): _____

If one of your beneficiaries predeceases you, would you like their children to get their share? (i.e., if you leave everything to your children, and one predeceases you, would you like for their children – your grandchildren – to get their parents share?)

YES NO

WHO WOULD YOU LIKE TO SERVE IN THE FOLLOWING POSITIONS:

EXECUTOR *(This is the person who will handle the distribution of your estate):*

Primary: _____ City/State: _____

Alternate: _____ City/State: _____

GUARDIAN OF YOUR MINOR CHILDREN, if applicable *(This is the person(s) who will be responsible for taking care of your minor children if you die prior to them reaching the age of 19. Each choice may be a married couple; if two people, they must be married – cannot leave children to unmarried persons.)*

Primary: _____ City/State: _____

Alternate: _____ City/State: _____

CONSERVATOR/TRUSTEE FOR PROPERTY, of minor children, if applicable *(This is the person who, if you have minor children, will be responsible for handling the money which will be used to take care of your children after you are deceased. This person DOES NOT have to be the same person you selected to serve as Guardian of the minor children):*

Primary: _____ City/State: _____

Alternate: _____ City/State: _____

Are there special needs or circumstances among your beneficiaries (such as mental disability, inability to handle money, greatly different financial needs or the like)?

OTHER SPECIAL DESIRES TO INCLUDE IN YOUR WILL
(Burial, Cremation, Etc.)
