

6. Do you or your spouse expect any inheritance? If so, state from whom and how much. If not applicable, please go to question #7.

7. If you have a safety deposit box, state the location, box number and who is permitted to enter the box. If not applicable, go to question #8.

8. If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #14.

<u>Full Name</u>	<u>Date of Birth</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

9. a. Has a child of yours predeceased you? If yes, please provide the following information. If not, please go to question #10.

<u>Full Name</u>	<u>Date of Death</u>
1. _____	_____
2. _____	_____

b. Deceased child's living children, if applicable:

<u>Full Name</u>	<u>Date of Birth</u>
1. _____	_____
2. _____	_____
3. _____	_____

10. Do you have stepchildren? Yes ___ No ___

a. If yes, do you want your stepchildren treated the same as your natural born children in your Will? Yes ___ No ___

b. If you want your stepchildren to be treated the same as your natural born children in your Will, please provide the following information for your stepchildren:

Full Name

Date of Birth

1. _____

2. _____

3. _____

11. Do you have grandchildren? Yes ___ No ___

12. If your children are under age eighteen (18), state the full name, address, and relationship to you (if any) of the person you wish to act as their guardian in the event of your death (if you are a single parent) or in case of the joint death of you and your spouse (if married). The guardian is the person with whom your children will go to live. *You should obtain the consent of that person(s) before executing your Will.* It is recommended that you only name one person as guardian and only one person as alternate guardian even if the persons named are currently married and living with their spouse. If you do not have children, please go to question #14.

a. Guardian:

Name(s) _____

Address _____

County _____ State _____ Zip _____

Relationship to you _____

b. Alternate Guardian:

If, at the time of your death, the person named above is unwilling or unable to serve as guardian, please list an alternate:

Name: _____

Address: _____

County: _____ State: _____ Zip: _____

Relationship to you: _____

c. Special Needs Children:

Please make special provisions for any mentally disabled children:

13. Do you want the appointed guardian to also be the trustee of any assets inherited by the minor child? Yes ___ No ___

If no, please list the person you wish to act as their financial trustee. You should obtain the consent of that person before executing your Will. Again, it is recommended that you name only one person as trustee and one person as the alternate trustee even if the persons named are married and currently living with their spouse.

a. Trustee:

Name: _____

Address: _____

County: _____ State: _____ Zip: _____

Relationship to you: _____

At what age would you like your children, rather than the trustee, to manage any inherited assets? (*Must be at least 18 years old.*) _____ years old.

b. Alternate Trustee:

If the person or entity listed above is unwilling or unable to serve as financial trustee, please list an alternate:

Name: _____

Address: _____

County: _____ State: _____ Zip: _____

Relationship to you: _____

14. Indicate how you want your assets to pass when you die.

Please check the ONE option you prefer:

- ___ Option A I want my assets to pass to my spouse and children as follows:
- To my spouse, if surviving.
 - If my spouse predeceases me, my assets will be divided in equal shares to my children.
 - If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.

- In the event my spouse and all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

___ Option B I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all of my children and descendants fail to survive me, I want my assets to be distributed as follows:

___ Option C None of the above. I want my assets to pass as follows:

15. Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.

Note: In question #14 you indicated how you would like your assets to pass. Please fill out question #15 ONLY if you desire items with specific or sentimental value be left to persons other than those set forth in question #14.

<u>Item</u>	<u>Special Identifying Features</u>	<u>Recipient</u>
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16. Do you wish to disinherit any children or grandchildren? If so, list their names here. If not applicable, please go to question #17.

17. Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. Maguire & Schneider will prepare a Health Care Power of Attorney and Physician's Directive if you so desire. Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Full Name: _____

Address: _____

Telephone No.: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full Name: _____

Address: _____

Telephone No.: _____

Please indicate your wishes by checking one box below:

- I want this person to be able to act on my behalf immediately.
- I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

18. If married and your spouse is still alive, do you want your spouse to serve as your personal representative/executor? Yes ___ No ___

Full Name: _____

Address: _____

Telephone No.: _____

Do you wish to waive the fiduciary bond requirement? Yes ___ No ___

19. List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s).

ASSETS	VALUE			
	Individual Assets	Spouse's Separate Assets	Joint/Community Assets	Joint Assets/Non-Spouse
a. Home				
b. Other real estate*				
c. Checking, savings or credit union accounts & certificates				
1				
2				
d. Automobiles & other vehicles				
e. Stocks, Mutual funds & other investments				
f. Interest in a business				
g. Qualified retirement plans (e.g. 401k plan)				
h. Life Insurance Policies				
i. Miscellaneous				
TOTALS				

*Indicate whether in state or out of state.

20. List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s).

Debts	Individual Debts	Spouse's Separate Debts	Joint/Community Debts	Joint Debts/Non-Spouse
a. Mortgages on home, car, etc.				
b. Signature Loan at Bank				
c. Medical or other expenses				
d. Other debts over \$5,000				
TOTALS				

Confirmation of information and instructions:

I confirm the information provided by me in this form is complete and accurate, and that the instructions I am providing reflect my wishes.

Signature _____ Date _____

Print name _____

Phone number to call if questions _____

Please forward completed questionnaire to:

Maguire & Schneider, LLP
Attn: Wayne Hassay
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