

## Complete Set Questions

This document includes the following questionnaire sets:

- [Will](#)
- [Durable Medical POA](#)
- [Durable Financial POA](#)
- [Living Will](#)

While it contains all the same data and questions as the single documents' duplicate entries such as address, and contact information has been removed.

**WILL QUESTIONNAIRE**

This form is intended simply to obtain basic information and to help guide you in determining how you wish to distribute your assets upon death.

**A. CLIENT DATA**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Spouse:**

Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Only if different**

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**B. MARITAL INFORMATION (If applicable)**

Date of Marriage: \_\_\_\_\_

City / State of Marriage: \_\_\_\_\_

Client: Are you divorced? Yes:  No:  Pending:  If yes / pending - former spouse: \_\_\_\_\_

Spouse: Are you divorced? Yes:  No:  Pending:  If yes / pending - former spouse: \_\_\_\_\_

**C. CHILDREN (if applicable, include adult and minor children)**

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Male:  Female:  Other:

Married:  Single:  Divorce-Pending:

Does this child live with you? Yes:  No:

Are you still legally responsible for this child? Yes:  No:

Do you pay any child support? Yes:  No:

Relationship to You: \_\_\_\_\_

Relationship to Spouse: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Male:  Female:  Other:

Married:  Single:  Divorce-Pending:

Does this child live with you? Yes:  No:

Are you still legally responsible for this child? Yes:  No:

Do you pay any child support? Yes:  No:

Relationship to You: \_\_\_\_\_

Relationship to Spouse: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male:  Female:  Other:

Married:  Single:  Divorce-Pending:

Does this child live with you? Yes:  No:

Are you still legally responsible for this child? Yes:  No:

Do you pay any child support? Yes:  No:

Relationship to You: \_\_\_\_\_

Relationship to Spouse: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male:  Female:  Other:

Married:  Single:  Divorce-Pending:

Does this child live with you? Yes:  No:

Are you still legally responsible for this child? Yes:  No:

Do you pay any child support? Yes:  No:

Relationship to You: \_\_\_\_\_

Relationship to Spouse: \_\_\_\_\_

**(Use another sheet if additional - Word doc)**

**D. MISCELLANEOUS- Client**

**1. Do you have any judgement against you that are you currently still paying?** Yes:  No:

If yes, please explain: \_\_\_\_\_

**2. Do you have a Will (i.e. but outdated or needs updated?)** Yes:  No:

**3. Select any of the following that may have. May recommend reviewing to ensure current and documents your current wishes or direction.**

**a** Will:

**b** Durable Power of Attorney:

**c** Durable Power of Healthcare:

**d** Living Will:

**e** Living Trust:

**f** DNR (Do Not Resuscitate Order):

**4. Where do you store your important papers?** \_\_\_\_\_

**5. Do you have a Safe deposit Box?** Yes:  No:

If yes, please indicate the name of the bank: \_\_\_\_\_

6. Do you have prepaid your burial and funeral arrangements? Yes:  No:

If yes, name of company/funeral home and/or insurance company. \_\_\_\_\_

**D. MISCELLANEOUS- Spouse**

1. Do you have any judgement against you that are you currently still paying? Yes:  No:

If yes, please explain: \_\_\_\_\_

2. Do you have a Will (i.e. but outdated or needs updated?) Yes:  No:

3. Select any of the following that may have. May recommend reviewing to ensure current and documents your current wishes or direction.

a Will:

b Durable Power of Attorney:

c Durable Power of Healthcare:

d Living Will:

e Living Trust:

f DNR (Do Not Resuscitate Order):

4. Where do you store your important papers? \_\_\_\_\_

5. Do you have a Safe deposit Box? Yes:  No:

If yes, please indicate the name of the bank: \_\_\_\_\_

6. Do you have prepaid your burial and funeral arrangements? Yes:  No:

If yes, name of company/funeral home and/or insurance company. \_\_\_\_\_

**Continue to next page:**

**E. List of Assets**

See following schedules. If married and there are assets not in both names then just note that.

**SCHEDULE 1: ASSETS AND RESOURCES**

**A. REAL ESTATE**

Provide address, if mortgaged, how it is held (i.e. jointly), whose names on the deed, and on the mortgage.

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**B. Other cash type assets**

(Please provide copies of most recent statements)

Bank Account: Yes:  No:  How held? \_\_\_\_\_ (i.e. joint, single name)

CDs: Yes:  No:  How held? \_\_\_\_\_ (i.e. joint, single name)

Bonds: Yes:  No:  How held? \_\_\_\_\_ (i.e. joint, single name)

Stocks: Yes:  No:  How held? \_\_\_\_\_ (i.e. joint, single name)

401k: Yes:  No:  How held? Company? \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Retirement: Yes:  No:  Company? \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**C. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)**

<b><u>Name of Institution</u></b>	<b><u>Owner</u></b>	<b><u>Beneficiary</u></b>	<b><u>Value</u></b>
Apple Ins. Co. <i>(Sample)</i>	Client	Son/Daughter/Spouse	\$ xx,xxx.xx
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**D. PERSONAL PROPERTY**

You don't have to list out your personal property, but in section 2 we will get into how you would want that property distributed upon your death. Are there family heirlooms that you have promised to one child over another? Have you told one person/friend/child that when you pass away they can have this item? Documenting the important items are key to helping ensure or reduce problems down the road.

**E. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive.

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**F. BUSINESS INTERESTS**

If either client has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) ?

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**I. MISCELLANEOUS**

If either client has any property interests not described above, please explain the nature of the interests. Such as patents, copyrights, royalties, time-share, annuity, lottery winnings, cyber currency, etc.

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**SCHEDULE 2. – SELECTING BENEFICIARIES**

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf until a certain age? In most, if not all wills each spouse leaves everything to the living spouse and list key items, they may wish to go to someone else, but that is up to you and why it important to document.

Life insurance policies, 401k, retirement beneficiaries are documented with the specific companies. Bank accounts, if setup properly are generally in joint names with right of survivorship. (i.e. you may want to check that out.) Nonetheless, there may be a car, bikes, heirlooms, part of the insurance policy, a pet, etc. that you wish someone to have. Also, consider a secondary person in case the person you name pre-deceases you before your update your will.

**Client:**

- A. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- B. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- C. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- D. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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**Spouse:**

- A. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- B. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- C. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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- D. Item: \_\_\_\_\_
  - a Leave to first: \_\_\_\_\_
  - b Second: \_\_\_\_\_

Other comments:

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**Continue to next page:**



**Now consider this:** Should both you and your spouse die together or in a relatively short period of time. Depending on that timing your estate may not pass through the other's estate. Your Will may be complete and then your spouse passes away and you never updated it and now you pass away. So consider who should get the overall assets should your spouse pre-decease you.

**Client:**

A. Life Insurance policy (Spouse pre-deceased)

a First: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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B. 401k (Spouse pre-deceased)

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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C. Bank accounts (Spouse pre-deceased)

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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D. Item: \_\_\_\_\_

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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**Continue to next page:**

**Spouse:**

A. Life Insurance policy (Spouse pre-deceased)

a First: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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B. 401k (Spouse pre-deceased)

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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C. Bank accounts (Spouse pre-deceased)

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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D. Item: \_\_\_\_\_

a Leave to first: \_\_\_\_\_

b Second: \_\_\_\_\_

Other comments:

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**Continue to next page:**

**SCHEDULE 3. – SELECTING FIDUCIARIES / Executor/trix** ( We will discuss this, but feel free to enter names of options for who will manage your estate. They will be responsible to ensure all court filings are accomplished, bills are paid, etc. They will and can work with an attorney, and while it may sound harder than it is, they could be involved in potential disputes. Generally speaking the spouse is typically selected with a back-up/successor in case they choose not to at that time.

independently of each other.    jointly by all Co-Agents

**POSITION:**

**CLIENT**

**Spouse**

**WILL SELECTIONS:**

Executor or Co-Executors

\_\_\_\_\_

\_\_\_\_\_

1st Successor(s)

\_\_\_\_\_

\_\_\_\_\_

**Continue to next page:**

**Durable Medical Power of Health Care Questionnaire**

Your information:

Client Name: \_\_\_\_\_

(\*spouse's entries follow)

**1. Appointment of Attorney-in-Fact**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternative Agent:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**2. Medical decisions**

My agent/ attorney-in-fact is authorized to make all medical decisions on my behalf except:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Original and Copies:**

Where will you keep the original once signed: \_\_\_\_\_

\_\_\_\_\_

**4. To whom will you provide copies? (Recommend your family doctor)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Witness or Notary:**

Witness or Notary:

If witness, you will need two people that are unrelated, not your attorney-in-fact for Health Care, not your physician or nurse at a facility that is treating you. Witnesses must be present at signing of the document.

A notary public is another option.

Two witness option      Notary Option

**Continue to next page:**

**Durable Medical Power of Health Care Questionnaire**

Spouse information:

Name: \_\_\_\_\_

**1. Appointment of Attorney-in-Fact**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Alternative Agent:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**2. Medical decisions**

My agent/ attorney-in-fact is authorized to make all medical decisions on my behalf except:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Original and Copies:**

Where will you keep the original once signed: \_\_\_\_\_

\_\_\_\_\_

**4. To whom will you provide copies? (Recommend your family doctor)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Witness or Notary:**

Witness or Notary:

If witness, you will need two people that are unrelated, not your attorney-in-fact for Health Care, not your physician or nurse at a facility that is treating you. Witnesses must be present at signing of the document.

A notary public is another option.

Two witness option      Notary Option

**Continue to next page:**

**Durable Financial Power of Attorney Questionnaire**

Your information:

Client Name: \_\_\_\_\_

(\*spouse's entries follows)

**6. Appointment of Attorney-in-Fact**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**7. Effective Date of Powers:**

- Immediately (and continues after incapacitated)       Only once incapacitated (2 doctors needed)

**8. Original and Copies:**

Where will you keep the original once signed: \_\_\_\_\_

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**9. Powers:**

- Banking (receive / deposit, pay bills, etc.)
- Safe Deposit Box (access to – add, removed)
- Lending/Borrowing
- Gov't Benefits (apply for / receive)
- Retirement Plan (contribute to, selection options, roll over)
- Taxes (complete sign, pay, receive refunds)
- Insurance (pay, purchase, claims, cannot cash in)
- Real estate (acquire, lease, sell, convey)
- Personal property (acquire, sell, lease, exchange)
- Power to manage property (maintain, improve, repair)
- Gifts (make, transfer)
- Legal Advice / Proceedings (obtain, pay for, legal advice – defend, administer)



- Employ (agents, nurses, attorneys, accountants to preserve protect property and estate)
- Family care (expenditures for maintenance, education, benefit of spouse, children)

**Other authority:**

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**10. Notary:**

Notary:

This document requires notary versus the option for two witnesses.

Notary Option

**Continue to next page:**

**Durable Financial Power of Attorney Questionnaire**

Spouse information:

Client Name: \_\_\_\_\_

**1. Appointment of Attorney-in-Fact**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Relationship: \_\_\_\_\_

**2. Effective Date of Powers:**

Immediately (and continues after incapacitated)       Only once incapacitated (2 doctors needed)

**3. Original and Copies:**

Where will you keep the original once signed: \_\_\_\_\_

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**4. Powers:**

- Banking (receive / deposit, pay bills, etc.)
- Safe Deposit Box (access to – add, removed)
- Lending/Borrowing
- Gov't Benefits (apply for / receive)
- Retirement Plan (contribute to, selection options, roll over)
- Taxes (complete sign, pay, receive refunds)
- Insurance (pay, purchase, claims, cannot cash in)
- Real estate (acquire, lease, sell, convey)
- Personal property (acquire, sell, lease, exchange)
- Power to manage property (maintain, improve, repair)
- Gifts (make, transfer)
- Legal Advice / Proceedings (obtain, pay for, legal advice – defend, administer)
- Employ (agents, nurses, attorneys, accountants to preserve protect property and estate)
- Family care (expenditures for maintenance, education, benefit of spouse, children)

**Other authority:**

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**5. Notary:**

Notary:

This document requires notary versus the option for two witnesses.

Notary Option

**Continue to next page:**

## **Living Will – Questionnaire**

Client Name: \_\_\_\_\_

(\*spouse's entries follows)

### **11. Living Will Directive Option:**

**Terminal condition or terminal illness:** For the purposes of this document, a terminal condition or terminal illness means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury. My physician and one other physician will have examined me and believe that I cannot recover and that death is likely to occur within a relatively short time if I do not receive life-sustaining treatment.

Check option for each:

Life-sustaining Treatment:

- I want to have life-sustaining treatment if I am in a terminal condition.
- I DO NOT want to have life-sustaining treatment if I am in a terminal condition.

Artificially Provided Nutrition:

- I want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition.
- I DO NOT want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition, realizing that this may hasten my death.

CPR:

- I want to have CPR if I am in a terminal condition.
- I DO NOT want to have CPR if I am in a terminal condition. I want my attending physician to issue a DNR order.

Comfort Care:

- I want to have comfort care if I am in a terminal condition.
- I DO NOT want to have comfort care if I am in a terminal condition and if the comfort care would prolong the dying process.

**Continue to next page:**

**Permanently unconscious state:** For the purposes of this document, a permanently unconscious state means an irreversible condition in which I am permanently unaware of myself and my surroundings. My physician and one other physician must examine me and agree that a total loss of higher brain function has left me unable to feel pain or suffering.

Check option for each:

Life-sustaining Treatment:

- I want to have life-sustaining treatment if I am in a terminal condition.
- I DO NOT want to have life-sustaining treatment if I am in a terminal condition.

Artificially Provided Nutrition:

- I want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition.
- I DO NOT want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition, realizing that this may hasten my death.

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Comfort Care:

- I want to have comfort care if I am in a terminal condition.
- I DO NOT want to have comfort care if I am in a terminal condition and if the comfort care would prolong the dying process.

**Continue to next page:**

**Anatomical Gifts**

Do you wish to make an anatomical gift?

No  Yes

If no, go to the next page. If yes, please select below:

Upon my death, the following are my directions regarding donation of all or part of my body.

All organs, tissue and eyes for any purpose authorized by law.

Only select items:

- |                                       |                                       |                                  |                                    |
|---------------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Bones        | <input type="checkbox"/> Eyes/Corneas | <input type="checkbox"/> Fascia  | <input type="checkbox"/> Heart     |
| <input type="checkbox"/> Heart valves | <input type="checkbox"/> Intestines   | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Ligaments |
| <input type="checkbox"/> Liver        | <input type="checkbox"/> Lungs        | <input type="checkbox"/> Nerves  | <input type="checkbox"/> Pancreas  |
| <input type="checkbox"/> Skin         | <input type="checkbox"/> Small bowel  | <input type="checkbox"/> Tendons | <input type="checkbox"/> Veins     |

For select items they are gifted for the following purposes authorized by law:

All purposes  Transplantation  Therapy  Research  Education

**Witness or Notary:**

If witness, you will need two people that are unrelated, and the witnesses cannot be your attorney-in-fact for Health Care, your attending physician or nurse at a facility that is treating you, your guardian (if you have one) or your alternate guardian/agent, or anyone related to you by blood, marriage or adoption. Witnesses must be present at signing of the document.

A notary public is another option.

Two witness option  Notary Option

**Continue to next page:**

Spouse Name: \_\_\_\_\_

**1. Living Will Directive Option:**

**Terminal condition or terminal illness:** For the purposes of this document, a terminal condition or terminal illness means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury. My physician and one other physician will have examined me and believe that I cannot recover and that death is likely to occur within a relatively short time if I do not receive life-sustaining treatment.

Check option for each:

Life-sustaining Treatment:

- I want to have life-sustaining treatment if I am in a terminal condition.
- I DO NOT want to have life-sustaining treatment if I am in a terminal condition.

Artificially Provided Nutrition:

- I want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition.
- I DO NOT want to have nutrition (food) and hydration (water) provided through a tube or IV if I am in a terminal condition, realizing that this may hasten my death.

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Comfort Care:

- I want to have comfort care if I am in a terminal condition.
- I DO NOT want to have comfort care if I am in a terminal condition and if the comfort care would prolong the dying process.

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**Permanently unconscious state:** For the purposes of this document, a permanently unconscious state means an irreversible condition in which I am permanently unaware of myself and my surroundings. My physician and one other physician must examine me and agree that a total loss of higher brain function has left me unable to feel pain or suffering.

Check option for each:

Life-sustaining Treatment:

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Artificially Provided Nutrition:

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Comfort Care:

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- I DO NOT want to have comfort care if I am in a terminal condition and if the comfort care would prolong the dying process.

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Do you wish to make an anatomical gift?

No  Yes

If no, go to the next page. If yes, please select below:

Upon my death, the following are my directions regarding donation of all or part of my body.

All organs, tissue and eyes for any purpose authorized by law.

Only select items:

- |                                       |                                       |                                  |                                    |
|---------------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Bones        | <input type="checkbox"/> Eyes/Corneas | <input type="checkbox"/> Fascia  | <input type="checkbox"/> Heart     |
| <input type="checkbox"/> Heart valves | <input type="checkbox"/> Intestines   | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Ligaments |
| <input type="checkbox"/> Liver        | <input type="checkbox"/> Lungs        | <input type="checkbox"/> Nerves  | <input type="checkbox"/> Pancreas  |
| <input type="checkbox"/> Skin         | <input type="checkbox"/> Small bowel  | <input type="checkbox"/> Tendons | <input type="checkbox"/> Veins     |

For select items they are gifted for the following purposes authorized by law:

All purposes  Transplantation  Therapy  Research  Education

**Witness or Notary:**

If witness, you will need two people that are unrelated, not your attorney-in-fact for Health Care, not your physician or nurse at a facility that is treating you. Witnesses must be present at signing of the document.

A notary public is another option.

Two witness option  Notary Option