

# THE FLEMING LAW FIRM, LLC

## TRUST, LAST WILL AND TESTAMENT QUESTIONNAIRE

### Personal Data:

1. **Full Name:** \_\_\_\_\_ **Male** \_\_\_/ **Female** \_\_\_  
First Middle Name Last

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

May your attorney email you a draft copy of your will for your review ? \_\_\_Y\_\_\_N (If yes, please provide email)

2. **State of Legal Residence:** \_\_\_\_\_ .

3. **Military Status:** \_\_\_Active/\_\_\_Retiree/\_\_\_Dependent/\_\_\_Guard/Reserve

4. **Marital Status:** \_\_\_single/\_\_\_married/\_\_\_divorced/\_\_\_pending divorce/\_\_\_divorced & remarried/\_\_\_widow(er)

If married, spouse's **full name:** \_\_\_\_\_ Is spouse a U.S. Citizen? \_\_\_Yes \_\_\_No  
Were you previously married? \_\_\_Yes \_\_\_No

5. **Children:** Do you have children? \_\_\_Y\_\_\_N If yes, use the following codes to indicate status of children: N=natural; S=stepchild; A=adopted.

<u>FULL NAME</u> (Including full middle name)	<u>Sex</u>	<u>Age</u>	<u>Status</u>
_____			
_____			
_____			
_____			

### Spouse and Child Beneficiaries:

6. If married, do you want all of your real estate and personal property to go to your spouse? \_\_\_yes \_\_\_no

7. If you are not married **or** your spouse does not survive you, do you want all of your real estate and personal property to go to your children? \_\_\_yes \_\_\_no

8. If any child is under the age of 18, at what age do you want them to receive their share of the estate: \_\_\_\_\_

9. Do you want to give your Executor to have control/discretion on when and how to distribute a minor child's inheritance?  
\_\_\_\_\_

10. If no, who do you wish to exercise that control? \_\_\_\_\_ Relationship:  
\_\_\_\_\_

11. If any of your children do not survive you, do you want his or her potential share of your inheritance to pass to his or her children (your grandchildren)? \_\_\_yes \_\_\_no If yes, at what age do you want them to receive their share? Are there other restrictions you wish to place on grandchildren inheritance? \_\_\_\_\_

12. Do any of your children or other beneficiaries have either a physical or mental disability? \_\_\_yes \_\_\_no

### Contingent Beneficiaries:

13. If your spouse and children die before you die, or you are unmarried or have no children, or you want your property distributed in a way different from that described above, you may designate other or additional beneficiaries below: IF YOU NEED MORE ROOM ATTACH AN ADDITIONAL SHEET

<u>FULL NAME</u>			<u>Relationship</u>	<u>City &amp; State</u>	<u>Distribution</u>
First	Middle	Last			All or share (%)
_____					
_____					
_____					

**Other Property:**

14. Do you have a farm or family-owned business? \_\_\_Y\_\_\_N

15. Are you the beneficiary of any Trust? \_\_\_\_ Do you hold any powers of appointment? \_\_\_\_ Not sure? \_\_\_\_

16. Do you own real estate that will be distributed by this trust/will? \_\_\_Y\_\_\_N

If yes, please provide a legal description for said real estate (or attach): \_\_\_\_\_

**17. Executor/Personal Representative:** Whom do you wish to serve as trustee/executor of your estate? Your Trustee will administer your trust, and your Executor is the person who will be responsible for gathering and distributing your assets and filing your will in probate after your death. These people have administrative duties only and must distribute your estate in accordance with your trust/will. *A surviving spouse is not automatically appointed.* You may choose to have two people serve together, acting in unison, for either position.

Primary: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

Alternate: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

**18. Guardian:** Do you wish to appoint a guardian of your minor child(ren) if the other natural parent is not alive or for any reason cannot act as guardian? \_\_\_Y\_\_\_N A guardian must be 18 years of age or older. This person will have actual physical custody and control of the minor children until they reach age 18.

Primary Guardian: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

Alternate Guardian: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

**19. Trusts:** If you have minor children/grandchildren who may receive property under your will, you can set up a trust to place the property under the control of a trustee, for the benefit of your child(ren) until they have reached an age you designate.

Primary: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

Alternate: \_\_\_\_\_  
 Full Name City/State of Current Residence Relationship

Age when property should be distributed to each child: \_\_\_\_ (At least 18 in most states)

20. Are you interested in a Living Will or Durable Health Care Power of Attorney (ask your attorney about these)? \_\_\_\_\_

21. Who do you want to serve as your agent for purposes of health care decisions?

22. **Financial Statement.** Please provide a financial statement.