

Will Questionnaire

1. General Information:

Last Name	
First Name	
Middle	
Jr, Sr, II?	
Date of Birth	
SSN	
U.S. Citizen?	
Street Address	
City, State, Zip	
County	
Home Phone	
Occupation	
Employer	
Work Address	
Work Phone/Fax	
Email	

Hyatt Legal Plan case number, if applicable.	
Do you have children?	
What are your children's names and birthdates?	
Child 1	
Child 2	
Child 3	
Do you plan on having children?	

2. Who would you like to be Executor of you Estate?

First Choice

Name	
Street Address	
City, State, Zip	
Phone Number	
Relationship	

First Alternative

Name	
Street Address	
City, State, Zip	
Phone Number	
Relationship	

Second Alternative

Name	
Street Address	
City, State, Zip	
Phone Number	
Relationship	

3. To whom would you like to leave your property?

Name of Person	Percent of Property

4. If any Beneficiary under your will predeceases you, to whom would you like to leave the deceased beneficiaries share of your property?

Name of Beneficiary	
Equally among the surviving beneficiaries? Y/N?	
To the descendant's of the deceased beneficiary? Y/N?	
First to deceased beneficiary's children, but if none, then equally among the surviving beneficiaries? Y/N?	
Other, Please explain	

5. Do you want to include a “no contest” clause in your will?

If any beneficiary named in your will contests the will, they will lose all his or her inheritance rights under your will if they challenge it.

_____Yes _____No

6. Do you want your Executor/Executrix to be compensated for their services of probating your will/estate?

_____Yes _____No

7. Trustee of any minor beneficiary

If any beneficiary stands to inherit from you when he or she is still a minor, the trustee will hold and manage the minor beneficiary's inheritance for the benefit of the minor beneficiary.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
------	--

Relationship	
Street address	
City, State, Zip	
Home Phone	

8. Medical Power of Attorney

Under a medical power of attorney, the agent has the authority to make any health care decision on your behalf if you are incapacitated. Health care decision means consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or procedure to maintain, diagnose, or treat, your physical or mental health condition.

First Choice for agent

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

9. General Power of Attorney

A power of attorney is the transfer of the authority of one person to act in the place of another as attorney in fact if you are incapacitated. An attorney in fact has a broad power to act for you within defined matters.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

10. Guardian of person

In the event of your future incapacity, your guardian will have responsibility for your care, control and protection. The guardian will decide where you live and you generally cannot receive medical care without the consent of your guardian.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	

Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

11. Guardian of estate

In the event of your future incapacity, the guardian of your person will have the legal authority and duty to manage your property, collect your income, and represent you in legal matters.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	

Street address	
City, State, Zip	
Home Phone	

12. Guardian of your children’s person.

If you do not have children and do not plan to have children, skip this question and question 13. If both parents of your children die while the children are under the age of 18, the guardian of the person will have the care, control and protection of the minor children. Two people can serve as guardian of the children only if they are married.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

13. Guardian of the estate of your children

If both parents die while the child is under 18, the guardian of the child’s estate will have the legal authority and duty to help manage the child’s property, collect the child’s income and represent the child in legal actions. In Texas, even a surviving parent must apply to be a guardian of the child’s estate if the child receives an inheritance.

First Choice

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

First Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	

Second Alternative

Name	
Relationship	
Street address	
City, State, Zip	
Home Phone	