Last Will and Testament Questionnaire

This questionnaire provides for the preparation of your Will. Each individual should complete a questionnaire even if a husband and wife are both making Wills.

BENEFICIARY Any individual(s), church or organization chosen to receive your assets after death.

CODICIL Any change or addition added later to update or revoke a prior Will.

EXECUTOR A person named in the Will who collects assets, pays debts and distributes the balance in accordance with the provisions of the Will.

GUARDIAN Individual(s) who have custody and control of the property of minor children until they reach the age of 18 years.

Your Full Name: _____ _____ _____ _____

First M.I. Last D.O.B.

Address: _____ _____ _____ _____

House No. Street P.O. Box County

_____ _____ _____

City State Zip

_____ _____ _____

Home Phone No. Cell Phone No. E-Mail Address

_____ _____

Place of Employment Job Title

Are you a veteran? ☐ Yes ☐ No

*** If testamentary trust, list your choices of two (2) trustees ***

(A trust that will only take effect after death, set up for beneficiaries in your absence.)

(1) Name: _____

Address: _____

_____ _____ _____

City/Town State Zip

_____ _____

Phone Age

Email:_____

Relationship: _____

(2) Name: _____

Address: _____

_____ _____ _____

City/Town State Zip

_____ _____

Phone Age

Email:_____

Relationship: _____

Age to Distribute Trust: _____

*** Beneficiaries of your Estate (check one) ***

1. ☐ Single: no children, everything left in percentage shares.

*** Executor of your Estate ***

Your Executor must be at least 18 and preferably live in Ohio.

If single, name 1st and 2nd choice for someone to act as your Executor.

(1) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

(2) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

*** Complete only if you have no children ***

List the percentage of your Estate to be received by each beneficiary along with their name(s) and address(es).

PERCENTAGE	FULL NAME	ADDRESS	CITY	STATE	ZIP

Financial Power of Attorney – A financial power of attorney (POA) is a legal document an individual can use to appoint someone to act on his or her behalf regarding personal, financial and business matters. A POA is used when an individual becomes unable to handle his or her own affairs.

(1) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

(2) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

Agents act independently. ☐

Agents must act together. ☐

Living Will – A living will is a legal document you can use to express your wishes about the use of life-sustaining treatment if you should become terminally ill or permanently unconscious.

(1) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

(2) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

Do you wish to complete donor form: **Yes:** ☐ **No:** ☐

Driver's License Number: _____

Health Care Power of Attorney – A health care power of attorney (or "durable power of attorney for health care," sometimes known as a "DPOA") is a legal document that authorizes another person to make health care decisions for you if you cannot make them for yourself.

(1) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

(2) Name: _____

Address: _____

_____

City/Town State Zip

_____

Phone Email

Relationship: _____

Contact Info:
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