

*The Law Offices of*  
**CAL STEINMETZ**

**WILLS QUESTIONNAIRE**

**Instructions:** Copy this form to your computer, and then print a hard copy to bring to your meeting. Or, copy the text of this form into an eMail and send it to [calmets@aol.com](mailto:calmets@aol.com) prior to your meeting with an attorney.

**A. PERSONAL INFORMATION**

1. Full Name \_\_\_\_\_
2. Have you ever been known under any other names?  Yes  No  
If so, give names: \_\_\_\_\_
3. Residence Address: \_\_\_\_\_  
\_\_\_\_\_
4. How long at this address: \_\_\_\_\_
5. Any plans to relocate to another state:  Yes  No  
If so, when? \_\_\_\_\_ What state? \_\_\_\_\_
6. Please list:  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_
7. Business Address and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you ever been in the military?  Yes  No  
Veterans Administration Claim No.: \_\_\_\_\_  
Military Service No. \_\_\_\_\_  
Any disability? \_\_\_\_\_
9. Have you ever been employed by a government agency?  Yes  No  
If so, which? \_\_\_\_\_
10. Full name of spouse (include any other names): \_\_\_\_\_
11. Spouse's date and place of birth: \_\_\_\_\_
12. Spouse's Social Security Number: \_\_\_\_\_

13. Date and place of marriage: \_\_\_\_\_
14. If you are a widow(er), please list date and place of your spouse's death:  
\_\_\_\_\_
15. Any prior marriages for you? \_\_\_\_\_ or your spouse? \_\_\_\_\_  
Dates and courts issuing divorce decrees: \_\_\_\_\_
16. Are you making payments of alimony and/or support in accordance with either a Court Order or separation agreement? \_\_\_\_\_
17. Children (List names, date and place of birth, whether they are married, and current address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Any children born of your current marriage? \_\_\_\_\_  
Any stepchildren? \_\_\_\_\_ Any adopted children? \_\_\_\_\_  
Names and addresses of children from prior marriage(s):  
\_\_\_\_\_  
\_\_\_\_\_
19. Physical and mental condition of children (Note any conditions requiring different treatments):  
\_\_\_\_\_
20. Have you or your partner ever made prior wills?  Yes  No  
Are they in existence now? \_\_\_\_\_ Location: \_\_\_\_\_  
Revoked? \_\_\_\_\_ If so, how revoked? \_\_\_\_\_
21. Accountant (Name and address): \_\_\_\_\_
22. Life Insurance agent (Name and address): \_\_\_\_\_
23. Stock broker (Name and address): \_\_\_\_\_
24. Safe Deposit Box (location, box number, whether single or joint name):  
\_\_\_\_\_

**B. PROPERTY INFORMATION**

1. Residence (Address and legal description, i.e., Lot, Square, if known):

\_\_\_\_\_

How titled (If possible, furnish copy of Deed) \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Improvements: \_\_\_\_\_

Approximate value today: \$ \_\_\_\_\_

Amount/date of last tax assessment: \$ \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_

Name and address of Mortgage holder: \_\_\_\_\_

Amount of Mortgage Insurance: \$ \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

2. Any other real estate?

Address and legal description:

\_\_\_\_\_

How titled (If possible, furnish copy of Deed) \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Improvements: \_\_\_\_\_

Approximate value today: \$ \_\_\_\_\_

Amount/date of last tax assessment: \$ \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_

Name and address of Mortgage holder: \_\_\_\_\_

Amount of Mortgage Insurance: \$ \_\_\_\_\_

Designated Beneficiary: \_\_\_\_\_

**C. STATE OF FINANCIAL AFFAIRS**

1. Checking Account Number 1

Title of Account & ID#: \_\_\_\_\_

Name of Bank (including branch address):

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

Is Power of Attorney attached to the account? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Approximate average balance: \$ \_\_\_\_\_

Bank officer with whom you usually deal? \_\_\_\_\_

Checking Account Number 2

Title of Account & ID#: \_\_\_\_\_

Name of Bank (including branch address):  
\_\_\_\_\_  
\_\_\_\_\_

Is Power of Attorney attached to the account? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Approximate average balance: \$ \_\_\_\_\_

Bank officer with whom you usually deal? \_\_\_\_\_

2. Savings Accounts

Title of Account & ID#: \_\_\_\_\_

Name of Bank (including branch address):  
\_\_\_\_\_  
\_\_\_\_\_

Is Power of Attorney attached to the account? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Approximate average balance: \$ \_\_\_\_\_

Bank officer with whom you usually deal? \_\_\_\_\_

3. Bonds (location, amounts and owners including those held in safekeeping):

Corporate: \_\_\_\_\_

Federal: \_\_\_\_\_

Municipal: \_\_\_\_\_

4. Stocks (location, amounts and owners including those held in safekeeping):  
\_\_\_\_\_

5. Mortgages owned: \_\_\_\_\_

6. CD/Money Market Funds: \_\_\_\_\_

7. Other investments: \_\_\_\_\_

8. List special items of personal property and ownership: (including rings, heirlooms, antiques):  
\_\_\_\_\_  
\_\_\_\_\_

9. Business:

Any interest in SOLE PROPRIETORSHIPS

Can it be bequeathed to a relative? \_\_\_\_\_

Can it be sold as a going concern? \_\_\_\_\_

Must it be liquidated upon your death? \_\_\_\_\_

What is the business worth without your operating it? \_\_\_\_\_

PARTNERSHIPS

Do you have a partnership agreement? \_\_\_\_\_

If so, what does it provide? \_\_\_\_\_

Amount of business life insurance on partners: \_\_\_\_\_

What is your interest worth? \_\_\_\_\_

CLOSELY HELD CORPORATIONS

Majority or minority interest? \_\_\_\_\_

Value of your service to business: \_\_\_\_\_

Provide stock redemption plans or buy and sell agreements: \_\_\_\_\_

Amount of business life insurance on stockholders: \_\_\_\_\_

How many shares do you hold? \_\_\_\_\_

How many issued? \_\_\_\_\_ What is your interest worth? \_\_\_\_\_

10. Business benefits (also who is beneficiary):

Group insurance: \_\_\_\_\_

Credit Union Account: \_\_\_\_\_

Retirement Fund: \_\_\_\_\_

Pension or Profit Sharing Benefits (qualified and non-qualified): \_\_\_\_\_

Deferred Compensation: \_\_\_\_\_

Stock option: \_\_\_\_\_

11. Life Insurance

Company: \_\_\_\_\_

Policy Number and Amount: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Ownership: \_\_\_\_\_

Payment Provisions: \_\_\_\_\_

12. Government Life Insurance or G.I. Converted: \_\_\_\_\_

13. Hospital and Disability Insurance: \_\_\_\_\_

14. Any anticipated inheritances: \_\_\_\_\_

15. Any anticipated special obligations to family members? If so, explain:

\_\_\_\_\_

16. Are you a beneficiary or grantor of a trust? (If yes, provide the document.) \_\_\_\_\_

17. Debts: What is the nature and extent of your indebtedness including whether or not any of the debts are secured on property previously listed:

\_\_\_\_\_

**D. PLAN**

1. Any directions concerning the funeral or burial (including desire to be cremated):

\_\_\_\_\_

2. Have you prepaid funeral arrangements? If so, give details.

\_\_\_\_\_

3. Have you made an anatomical gift? \_\_\_\_\_

4. Bequests: Please indicate how or to whom you would like your property to go in the event of your death. ALWAYS include an alternate beneficiary, in case the primary beneficiary predeceases you.

a. Personal property or effects

1. Specific items:

i. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

ii. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

iii. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

2. Real Estate

i. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

ii. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

iii. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

3. Remainder (anything else):

i. \_\_\_\_\_

Main beneficiary: \_\_\_\_\_

Alternate: beneficiary: \_\_\_\_\_

5. What if property becomes distributable to a minor? \_\_\_\_\_

6. Name and address of:

a. Beneficiaries listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Executors (be sure to include an alternate): \_\_\_\_\_

\_\_\_\_\_

c. Guardian for children: \_\_\_\_\_

\_\_\_\_\_

7. Is there any reason why the plan omits a close relative who under ordinary circumstances might justifiably be expected to receive some benefits through the will?
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8. What documents would you like prepared?

- Last Will and Testament  
 Medical Power of Attorney (upon disability)

Give name and address, and Social Security Number of person you are giving power to, and same for an alternate:

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- General Power of Attorney

Give name and address, and Social Security Number of person you are giving power to, and same for an alternate:

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- Living Will
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- Burial Designation

**E. HEIRS AT ALW AND NEXT OF KIN**

(including those of whole and half blood)

Please list names, ages, and addresses and Social Security Numbers of living and ,if dead, date and place of death:

1. Father: \_\_\_\_\_  
2. Mother: \_\_\_\_\_  
3. Brother(s): \_\_\_\_\_  
4. Sister(s): \_\_\_\_\_