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QUESTIONNAIRE FOR LAST WILL AND TESTAMENT

1. Your full name: _____
Home Address: _____

2. How to reach you:

Home Number: _____

Cell Number: _____

Email: _____

3. Your spouse's full name: _____

4. Do you have children? _____ If so, please list below:

a. _____ Date of Birth: _____

b. _____ Date of Birth: _____

c. _____ Date of Birth: _____

d. _____ Date of Birth: _____

5. Whom do you select as Executor (and alternate) of your Estate? (This person must carry out the directions in your will, dispose of the property, collect debts, adjust claims and distribute the assets of your estate.)

Name _____ Relation _____

(Alternate) Name _____ Relation _____

6. Does the value of your estate exceed \$1,000,000.00? _____

7. Do you plan to leave your entire estate to your spouse? _____

8. Assuming you and your spouse are both deceased, whom do you select to serve as Guardian (and alternate) for your minor children? (This person will assume the daily duties of raising your children)

Name Relation

(Alternate) Name Relation

9. Whom do you select as Trustee (and alternate) for your minor children? (Your Trustee will manage the money left in trust to your children for their support, maintenance and education)

Name Relation

(Alternate) Name Relation

10. Assuming trust funds are established for any minor children, at what age (or ages) do you wish trust funds to be disbursed? _____

11. In the event your spouse and your children do not survive you, how do you want your property distributed? _____

12. Do you want a Power of Attorney? _____ (This allows you to select someone to make financial decisions for you in the event you are unavailable or fall ill) If so, whom do you select as your agent?

Name Relation

(Alternate) Name Relation

13. Do you want a Healthcare Power of Attorney? _____ (This allows you to select someone to make decisions governing your health in the event you are incapacitated) If so, who do you select as your agent?

Name Relation

(Alternate) Name Relation