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WILL QUESTIONNAIRE

THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR US TO PREPARE YOUR WILL. PLEASE TYPE OR PRINT LEGIBLY.

1. Name
 - a. Full name:
 - b. Other names used:
 - c. Gender:
2. Address
 - a. Present residence address:
 - b. Permanent address, if different:
 - c. Length of residence in North Carolina _____ in _____ County.
 - d. Business Address:
3. Telephone Numbers:
Residence: _____
Business: _____
Fax: _____
4. Birth
 - a. Date of birth: _____
 - b. Place of birth: _____ (City, State, Country)
5. Marital Status: (please check one of the following)
 - a. Never Married _____
 - b. Married _____
 - c. Divorced or separated _____ (date _____)
 - d. Widowed _____
6. Do you have a will? Yes ___ No ___
7. If yes, what is the date of the will? _____
8. If married, does your spouse have a will? Yes ___ No ___
If yes, what is the date of the will? _____
9. Who will be the **primary** beneficiary or beneficiaries under your will? (Check all that apply.)
___ Spouse
___ Children
___ Descendants of deceased children (grandchildren, great-grandchildren, etc.)

- Parents
- Brothers and/or Sisters
- Descendants of deceased brothers and/or sisters (nieces, nephews, great-nieces, great-nephews, etc.)
- Grandparents
- Aunts and/or Uncles
- Descendants of deceased aunts and/or uncles (cousins)
- Charitable or educational organization
- Other _____

10. List the names, genders and addresses of your **primary** beneficiary or beneficiaries:

11. In the event that the primary beneficiary or beneficiaries do not survive you, who will be the **alternate** beneficiary or beneficiaries under your will? (Check all that apply.)

- Spouse
- Children
- Descendants of deceased children (grandchildren, great-grandchildren, etc.)
- Parents
- Brothers and/or Sisters
- Descendants of deceased brothers and/or sisters (nieces, nephews, great-nieces, great-nephews, etc.)
- Grandparents
- Aunts and/or Uncles
- Descendants of deceased aunts and/or uncles (cousins)
- Charitable or educational organization
- Other _____

12. List the names, genders and addresses of your **alternate** beneficiary or beneficiaries (as stated in #11):

13. Please state the Names, genders and dates of birth of your child(ren):

14. If a beneficiary dies before you, how do you want that beneficiary's share handled?

It should go to the deceased beneficiary's heirs.

It should be added together with the shares of other deceased beneficiaries of the same class and equally distributed among their heirs.

Increase the shares of the surviving beneficiaries.

It should go to someone else:

Name and address:

Other

15. If you have no surviving issue (children or grandchildren, etc.) who do you want to leave the remainder of your estate to? (Name, gender and Address)

16. How do you want your estate to be distributed?

All to your spouse, if your spouse survives you, if not then to your children or descendants of deceased children.

All to your children or the descendants of deceased children.

Other. Explain in general terms below:

All to your spouse, if your spouse survives you, if not then to the people named below . . .

17. List specific property you wish to give to specific people, and list the names, genders and addresses of any beneficiaries who are not listed elsewhere in this information.

18. Do you have any charitable pledges that you wish paid in the event of your death? If so, please describe below.

19. Who do you wish to designate as the Executor of your estate?

An **executor**, in the broadest sense, is one who carries something out (in other words, one who is responsible for executing a task).

Name:

Gender:

Address:

20. Who do you wish to name as alternates if your first choice for executor cannot or will not serve?

Alternate # 1

Name:

Gender:

Address:

Alternate # 2

Name:

Gender:

Address:

21. Who do you wish to designate as Guardian for your minor child(ren)?

Name:
Gender:
Address:

22. Who do you wish to name as alternates if your first choice for Guardian cannot or will not serve?

Alternate # 1

Name:
Gender:
Address:

Alternate # 2

Name:
Gender:
Address:

23. Who do you wish to designate as the Trustee(s) of any trusts for the benefit of minor children?

Trustee carries the fiduciary responsibility and liability to use the trust assets according to the provisions of the trust instrument (and often regardless of their own or the beneficiaries' wishes).

Name:
Gender:
Address:

24. Who do you wish to name as alternates if your first choice for trustee cannot or will not serve?

Alternate # 1

Name:

Gender:

Address:

Alternate # 2

Name:

Gender:

Address:

25. Do you have a safety deposit box? Yes ___ No ___

Identity of persons entitled to enter box: _____

26. Do you wish to donate your organs? Yes ___ No ___

27. Do you have any special requests regarding funeral arrangements, burial, or cremation?

___ Traditional burial

___ Cremation

___ Memorial Service

___ Other (please explain below)

Other documents that many people request are:

Please mark beside each document you would like us to prepare.

___ Living Will – Declaration of a desire for a natural death

___ Healthcare Power of Attorney – allows another person (designated by you) to make decisions regarding your health, if you are unable to do so. (please designate who you would like to be appointed, including name, address and phone number)

___ General Power of Attorney

Disclaimer: This questionnaire is designed to help our firm prepare your will.
Providing answers to the questionnaire has **no legal effect** and is not a substitute for
the legal document itself.