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SIMPLE WILL QUESTIONNAIRE (NO TAX PLANNING)

Your full name: _____ D.O.B. _____

Your current marital status: _____ Are you both U.S. citizens? _____

*Please answer the following questions, if a question does not apply to you, write "n/a."

1. Husband: _____ D.O.B. _____

Wife: _____ D.O.B. _____

2. Address: _____
_____ County: _____

3. Telephone Numbers: (h) _____ Husband: (o) _____ (c) _____

e-mail: _____

Wife (o) _____ (c) _____

e-mail: _____

4. Your Children (names and dates of birth):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

If you leave anything to child and that child is deceased, do you wish their portion to be divided up amongst the child's siblings or should that child's inheritance be divided up amongst that child's heirs (your grandchildren)?

_____.

5. Prior Wills/Codicils? _____ If so, when and where executed:

6. Husband: Specific burial requests: Buried _____ Cremated _____
Wife: Specific burial requests: Buried _____ Cremated _____

7. LIST ALL **FINANACIAL ASSETS** other than real property and personal property, including bank accounts, 401k's, pensions, trusts, cars, mutual funds, stocks, time-shares, etc. and to who you wish to bequeath same (note that you can divide an asset and leave percentages to different individuals). Please note, if any of these assets already have a beneficiary listed, then you need not list it, as that asset will pass to the beneficiary listed regardless of what is written in your will.

Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____
Asset: _____	to whom: _____

Below, please be sure to consider family mementos, heirlooms, etc.

All **personal property** shall go to: _____;

With the exception of the following items (include name and relationship, and description of item):

which I have specifically designated as follows:

Husband:

Personal prop. item: _____	to whom: _____
Personal prop. item: _____	to whom: _____
Personal prop. item: _____	to whom: _____
Personal prop. item: _____	to whom: _____
Personal prop. item: _____	to whom: _____
Personal prop. item: _____	to whom: _____

Wife:

Personal prop. item: _____ to whom: _____

Personal prop. item: _____ to whom: _____
Personal prop. item: _____ to whom: _____
Personal prop. item: _____ to whom: _____
Personal prop. item: _____ to whom: _____
Personal prop. item: _____ to whom: _____

8. Disposition of **Real Property** (include relationship, e.g.: spouse, child, sibling, friend, etc.):

a. Primary Beneficiary: _____ Spouse ____ Other: _____

b. Alternate beneficiaries (if primary dies first): Children ____ Other: _____

c. Second alternate: Grandchildren ____ Surviving Children ____ Other: _____

9. Charitable gifts: _____

10. Executor (administers estate; usually spouse): Name: _____ Relationship: _____

Alternate Executor Name: _____ Relationship: _____

11. Since minors cannot inherit under a will, if you have left something to a minor, please the guardian to safekeep that property until the child is an adult:

Name: _____ Relationship: _____

a. Alternate Trustee Name: _____ Relationship: _____

c. Distributions (e.g., 1/3 at age 18, 25, 28 and 30; or all at age 18 or some other age): _____

d. Specific guidelines/restrictions for Trustee: _____

12. Do you want a will contest clause (beneficiary gets nothing if contests will or gift)? _____

13. Do you now have a separate trust, such as a living trust? _____

14. Would you like to name a person to take care of your pets? If so list that person's name, the name of the pet, and the type of pet. Also indicate if you would like to give an amount to that person for the pet's maintenance: _____

YOUR PERSONAL REPRESENTATIVE (PR)

Executor of your Estate

Husband:

1. Agent (usually spouse): Name: _____ Relationship: _____
Successor Agent: Name: _____ Relationship: _____
2. When are powers to be effective: Immediately ____ Upon Incapacity ____ Other _____

Wife:

1. Agent (usually spouse): Name: _____ Relationship: _____
Successor Agent: Name: _____ Relationship: _____
2. When are powers to be effective: Immediately ____ Upon Incapacity ____ Other _____

ADVANCE DIRECTIVE FOR HEALTH CARE - QUESTIONNAIRE

1. Agent and Successor Agent for Husband:

- Agent (usually spouse): Name: _____ Relationship: _____
Address: _____
Telephone Numbers: (h) _____ (o) _____ (c) _____
- Successor Agent: Name: _____ Relationship: _____
Address: _____
Telephone Numbers: (h) _____ (c) _____

2. Agent and Successor Agent for Wife:

- Agent (usually spouse): Name: _____ Relationship: _____
Address: _____
Telephone Numbers: (h) _____ (o) _____ (c) _____
- Successor Agent: Name: _____ Relationship: _____
Address: _____
Telephone Numbers: (h) _____ (c) _____

- | | | |
|--|------------|-----------|
| 3. After my death, the Agent has authority to authorize: | <u>Yes</u> | <u>No</u> |
| a. Autopsy | _____ | _____ |
| b. Organ Donation | _____ | _____ |
| c. My body to be used in a medical study program | _____ | _____ |
| d. Final disposition of my body | _____ | _____ |

4. Decisions concerning last illness situation. My decisions shall cover the following situations (choose one or both):

_____ terminal condition (an incurable or irreversible condition that will result in death in a relatively short period of time)

_____ permanent unconsciousness (an incurable or irreversible condition-I am not aware of myself or my environment and show no behavioral response to my environment)

Decisions (choose a., b. or c. If c., choose any or all of A. through D.):

- a. _____ Extend my life for as long as possible, using all medications, or medical procedures
- b. _____ Allow my natural death to occur. I do not want any medications, medical procedures nutrition or fluids by tube except as needed to provide pain medication
- c. _____ I do not want any medications, machines, or other medical procedures, except as follows:
 - A. _____ nutrition by tube or other means
 - B. _____ I want to have a ventilator
 - C. _____ fluids by tube or other means
 - D. _____ I want CPR used

5. Specific guidance (e.g. personal and religious values about treatment; preferences regarding medications to fight infection, surgery, amputation, blood transfusion, or kidney dialysis, etc):

6. Name of Guardian (optional; can be same as health care agent): _____

Address: _____

Telephone Numbers: (h) _____ (o) _____

(c) _____

7. Name of Agent for final disposition of body (optional; can be same as health care agent):

Address: _____

Telephone Numbers: (h) _____ (o) _____

(c) _____

8. When are powers to be effective: Immediately ____ Upon Incapacity ____ Other

STANDBY GUARDIANSHIP for CHILDREN- QUESTIONNAIRE

(Not covered by all legal plans)

1. Name of Standby Guardian: _____ Relationship: _____
 Address: _____ County _____
2. Name of Alternate Standby Guardian: _____ Relationship: _____
 Address: _____ County _____
3. If Non-Custodial Parent is not named as Standby Guardian, then complete the following:
 - a. Name of Non-Custodial Parent:

 - b. Address: _____
 County _____
 - c. Check if applicable:

_____ is deceased	_____ parental rights have been terminated
_____ cannot be found	_____ consents to the appointment

ADDITIONAL INSTRUCTIONS

Specific guidance, comments or any questions of concern for your planner:

PLEASE SIGN:

I/We have completed the above questionnaire and the answers represent my true wishes and intentions, without duress or coercion, and I am of sound mind.

_____ **X** _____

CLIENT'S SIGNATURE

_____ **X** _____

CLIENT'S SIGNATURE