

The Law Office of Susan Trimble, LLC

P.O. Box 4425

Annapolis, MD 21403

Phone (410) 878-7006

Fax (206) 888-4SUE

strimble@suetrimblelaw.com

SIMPLE WILL QUESTIONNAIRE

Unmarried Couple with children

(no tax planning)

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. Father: _____ D.O.B. _____

Mother: _____ D.O.B. _____

2. Address: _____
_____ County: _____

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

e-mail: _____

Mother: (o) _____ (c) _____

e-mail: _____

4. Your Children (names and dates of birth)- *please indicate names of parents if not you two:*

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please list your grandchildren (*please indicate names of parents*):

Name: _____ Date of Birth: _____ Parents: _____

Name: _____ Date of Birth: _____ Parents: _____

Name: _____ Date of Birth: _____ Parents: _____

Name: _____ Date of Birth: _____ Parents: _____

Name: _____ Date of Birth: _____ Parents: _____

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. Father: Specific burial requests: Buried _____ Cremated _____

Mother: 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: _____

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:

Father:

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: _____

Mother:

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. Owned **Real Property** (include land, buldings, residences, etc.)

Address: _____ County: _____

Address: _____ County: _____

Address: _____ County: _____

Address: _____ County: _____

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: _____

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? _____

YOUR PERSONAL REPRESENTATIVE (PR)

Father:

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

Mother:

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

ADDITIONAL INSTRUCTIONS

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

ADVANCE DIRECTIVE FOR HEALTH CARE - QUESTIONNAIRE

1. Agent and Successor Agent for Husband/Partner:

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/Partner:

Agent (usually spouse): Name: _____ Relationship: _____
Address: _____

Telephone Numbers: (h) _____ (o) _____ (c) _____

Successor Agent: Name: _____ Relationship: _____

Address: _____

Telephone Numbers: (h) _____ (o) _____ (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:

POWER OF ATTORNEY– QUESTIONNAIRE

(Not covered by all legal plans – check your retainer agreement)

1. #1 Name: _____

Please provide instructions as to whether you wish your partner to have *all financial Powers of Attorney* when you pass, or *limited powers*. You may wish your partner to only have specific powers (ie. Sale of real estate, purchase insurance, close bank accounts, for example).

The name of my Power of Attorney is _____ and they should have the following powers:

- () all financial Powers of Attorney
 - () all financial Powers of Attorney, except the following: _____
 - () only Limited Powers of Attorney, as follows: _____
and the expiration date is: (optional) _____
-

2. #2 Name: _____

Please provide instructions as to whether you wish your partner to have *all financial Powers of Attorney* when you pass, or *limited powers*. You may wish your partner to only have specific powers (ie. Sale of real estate, purchase insurance, close bank accounts, for example).

The name of my Power of Attorney is _____ and they should have the following powers:

- () all financial Powers of Attorney
- () all financial Powers of Attorney, except the following: _____
- () only Limited Powers of Attorney, as follows: _____
and the expiration date is: (optional) _____

***Unless you indicate otherwise, we will include a clause to limit the amount which your Power of Attorney (POA) can gift himself/herself to \$15,000 per year. This is so that your POA is incapable of gifting the entire estate to himself/herself, which would negate the purpose of the power of attorney to act in your best interest only, as the law dictates.

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.

_____ CLIENT'S SIGNATURE	X _____
_____ CLIENT'S SIGNATURE	X _____