

LAST WILL AND TESTAMENT INTAKE QUESTIONNAIRE

Please fill out the following information as completely as possible.

Have you ever had a Will prepared before? _____

If yes, what is the status of that Will? _____

Testator's Information

Full Name: _____

Name you prefer to be called: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

County of Residence: _____ E-Mail: _____

Work Address: _____

Phone: _____ Work: _____ Mobile: _____

Do you estimate the total value of your estate to be more or less than two million dollars? _____

Are you Married? _____ If so, please tell us about your spouse:

Spouse's Information

Full Name: _____

Name you prefer to be called: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

County of Residence: _____ E-Mail: _____

Work Address: _____

Phone: _____ Work: _____ Mobile: _____

Is this your first marriage? _____

If no, do you have children from prior marriage(s)? _____

Do you have children? _____ If so, please tell us about your children:

Children

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Full Name: _____

Gender: ____ Date of Birth: _____ Social Security Number: _____

Home Address: _____

Phone: _____ Work: _____ Mobile: _____

Please describe how you want your estate to be distributed upon your death:
(e.g. "Everything to my spouse Becky, then to my children." or "Everything to my siblings, John, Joe, and Steven in equal shares." Or "Everything to my mother, Sylvia Jones.")

Who do you want to name as the Executor of your Estate?

_____ Name	_____ Relationship	_____ Address
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An alternative Executor?

_____ Name	_____ Relationship	_____ Address
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Who do you want to be the Guardian of your children if they are under 18?

(Two persons may serve together as long as they are married)

_____ Name(s)	_____ Relationship	_____ Address
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An Alternative Guardian?

_____ Name	_____ Relationship	_____ Address
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Who do you want to be the Trustees of the Contingent Trust if your children are under 18?

Name(s) Relationship Address

An Alternative Trustee?

Name Relationship Address

Who do you want to make decisions on your Medical Power of Attorney?

Name Relationship Address Phone No.

An alternative Agent?

Name Relationship Address Phone No.

Name Relationship Address Phone No.

Healthcare Directive

Do you want to be kept alive through artificial nutrition or hydration (feeding tubes)?

Do you want to be kept alive through artificial respiration?

Return completed form to:
The Law Office of Ebony M. Turner
P.O. Box 923
Mansfield, TX 76063

(214) 935-3607 (office)
ebonymturnerlaw@gmail.com (email)
1-888-365-4022 (fax)

Or go to
www.emt-law.com (website)
for more information.