

WILL PREPARATION QUESTIONNAIRE

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I. EXISTING DOCUMENTS

- Have you executed a Will? Yes [] No []
- Have you executed a Power of Attorney? Yes [] No []
- Have you executed a Health Care Proxy? Yes [] No []
- Have you executed a Living Will? Yes [] No []

If you have answered “yes” to any of the above questions, please provide our office with a copy of said document.

II. GENERAL INFORMATION

YOUR INFORMATION

1. Your Full Name (including aliases):

2. Your Address:

3. Your Telephone Numbers:
 - Home: _____
 - Work: _____
 - Cell: _____
4. Your Email Address: _____
5. Your Date of Birth: _____

YOUR SPOUSE / PARTNER’S INFORMATION

1. Your Spouse / Partner’s Full Name (including aliases):

2. Your Spouse / Partner’s Address:

3. Your Spouse / Partner’s Telephone Numbers:
 - Home: _____
 - Work: _____
 - Cell: _____
4. Your Spouse / Partner’s Email Address: _____
5. Your Spouse / Partner’s Date of Birth: _____

MARITAL INFORMATION

- Are you married? Yes [] No []
- Have you ever been married? Yes [] No []
- Are you divorced? Yes [] No []
- Are you a widow(er)? Yes [] No []
- Have you had a civil partnership dissolved? Yes [] No []
- Do you have a pre-marital (prenuptial) agreement with your Spouse / Partner? Yes [] No []

CHILDREN

1. Please list all of your children. If they are deceased or disabled, please indicate.

<u>Name</u>	<u>Date of Birth</u>	<u>Deceased / Disabled?</u>
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled

GRANDCHILDREN

1. Please list all of your grandchildren. If they are deceased or disabled, please indicate.

<u>Name</u>	<u>Date of Birth</u>	<u>Deceased / Disabled?</u>
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled
_____		Deceased / Disabled

_____ Deceased / Disabled
_____ Deceased / Disabled
_____ Deceased / Disabled
_____ Deceased / Disabled

DEPENDENTS, OTHER THAN CHILDREN

(Spouse, Former Spouse, Civil Partner, Former Civil Partner, Co-Habitee, Elderly, Friend, Relative, etc.)

1. Do you have any dependents other than children? Yes [] No []

If so, please state their name(s):

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

2. Are there any that you **do not** intend to provide for in this Will? Yes [] No []

If so, please state their name(s):

Name _____
Name _____
Name _____
Name _____
Name _____
Name _____

QUESTIONS, COMMENTS, NOTES

III. EXECUTOR(S)

Your Executors will be responsible for collecting and securing your assets, paying your debts, funeral expenses, bills, and any tax obligations your estate may face. In addition, they will distribute your estate in accordance with the terms of your Will.

Generally, a husband and wife or civil partners will usually appoint each other. On the death of the survivor of them, they usually appoint one or two other persons. Your children, if any, may act as an Executor.

If you name more than one executor, you can have them act together or alone.

A Contingent Executor takes the place of an Executor who either is predeceased, dies while serving as your Executor, or fails to qualify as your Executor. If you do not name a Contingent Executor the state may provide one if needed.

Executor:

1. Executor's Full Name (including aliases):

2. Executor's Address:

3. Your Relationship to Executor Number 1, if any:

Co-Executor (Not Required):

Would you like your Executor to work together with a Co-Executor?

Yes [] No []

1. Co-Executor's Full Name (including aliases):

2. Co-Executor's Address:

3. Your Relationship to your Co-Executor, if any:

Contingent Executor (Not Required):

Would you to name a Contingent Executor?

Yes [] No []

Please specify whom you would like to serve as your contingent Executor should your Executor(s) predecease you or fail to qualify as your Executor(s).

1. Contingent Executor's Full Name (including aliases):

2. Contingent Executor's Address:

3. Your Relationship to Contingent Executor's, if any:

Co-Contingent Executor (Not Required):

Would you like your Contingent Executor to work together with a Co-Contingent Executor?

Yes [] No []

Please specify whom you would like to serve as your contingent Executor should your Executor(s) predecease you or fail to qualify as your Executor(s).

1. Contingent Executor's Full Name (including aliases):

2. Contingent Executor's Address:

3. Your Relationship to Contingent Executor's, if any:

Executor's Compensation and Bonding:

1. Is your Executor(s) to receive a fee for serving as your Executor?

Yes [] No []

2. Is your Executor(s) to be bonded?

Yes [] No []

QUESTIONS, COMMENTS, NOTES

V. BEQUESTS (Division of Property under Your Will)

SPOUSE

- 1. Do you plan to leave **all of your Estate** to your Spouse? Yes [] No []
- 2. If your Spouse is deceased at the time of your death, do you want to:
 - Leave **everything** to your child or children? Yes [] No []
 - In equal shares? Yes [] No []
 - In some other manor? Yes [] No []

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

GIFTS TO CHILDREN OR GRANDCHILDREN

- 1. Do you wish to disinherit (or limit gifts to) a child or grandchild? Yes [] No []
If so, who?

Name _____ what _____

Name _____ what _____

Name _____ what _____

Name _____ what _____

Name _____ what _____

Name _____ what _____

- 2. Do you plan to leave all or part of your Estate to your child or children? Yes [] No []
 - In equal shares? Yes [] No []
 - In some other manor? Yes [] No []

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

Leave _____ % or \$ _____ to _____

- 3. If a child is predeceased at the time of your death, do you want to leave their share to their child or children (if any)? Yes [] No []
 - In equal shares? Yes [] No []
 - In some other manor? Yes [] No []

Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____

FRIENDS

1. Do you plan to leave all or part of your Estate to a friend? Yes [] No []

Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____

SPECIFIC PROPERTY BEQUESTS (i.e. jewelry, property, heirloom)

1. Do you plan to leave something specific to someone in your Will? Yes [] No []

Leave _____ to _____
Leave _____ to _____
Leave _____ to _____
Leave _____ to _____
Leave _____ to _____
Leave _____ to _____

If so, please provide the following information for each person if not already provided (if you need more space please use the space at the bottom of this section):

1. Recipient's Full Name (including aliases):

2. Recipient's Address:

3. Your Relationship to Recipient, if any:

LEGATEES (Bequest of a Specific Amount of Money)

1. Do you plan to leave a specific amount of money to someone in your Will? Yes [] No []

Leave _____ to _____

Leave _____ to _____
Leave _____ to _____
Leave _____ to _____
Leave _____ to _____
Leave _____ to _____

If so, please provide the following information for each person if not already provided (if you need more space please use the space at the bottom of this section):

1. Recipient's Full Name (including aliases):

2. Recipient's Address:

3. Your Relationship to Recipient, if any:

CHARITY

1. Do you plan to leave all or part of your Estate to a charity? Yes [] No []

Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____
Leave _____ % or \$ _____ to _____

RESIDUARY (The Remainder of Your Estate after All Other Bequests are made)

1. Whom do you plan to leave the rest of your Estate?

a. _____

2. Whom do you plan to leave the rest of your Estate if the party listed above is deceased prior to your passing?

a. _____

QUESTIONS, COMMENTS, NOTES

VI. INVENTORY OF YOUR ASSETS

SITUS (LOCATION) OF PROPERTY

1. Is the property covered by your Will in the:

- United States? Yes [] No []
- A state other than Iowa? Yes [] No []
- International? Yes [] No []

PLEASE NOTE that your Will may not effectively pass the property you own, if any, outside of the United States of America. We do not offer advice on foreign assets.

VERIFICATION OF INFORMATION

I have provided answers to the information requested herein to the best of my ability. Based on the information I have provided, please prepare a Simple Will for me.

Signed: _____

Dated: _____