



NESBITT LAW
— PLLC —

QUESTIONNAIRE FOR PREPARATION
OF WILLS, DURABLE POWERS OF ATTORNEY,
HEALTH CARE POWERS OF ATTORNEY AND LIVING WILLS

1. FULL NAMES OF HUSBAND AND WIFE:

2. HOME ADDRESS, TELEPHONE NUMBERS & EMAIL ADDRESSES:

3. FULL NAMES OF OTHER BENEFICIARIES:

4. BEQUEST OF PERSONAL PROPERTY. Please indicate whom you wish to give your personal property (i.e., household furnishings, jewelry, clothing and automobiles). Typically, personal property would pass to the surviving spouse. Also, please note any other specific gifts of cash or property you wish to give to other individuals or charities:

5. BEQUEST OF REMAINING PROPERTY. Please indicate whom you wish to receive your remaining property at your death.

6. APPOINTMENT OF EXECUTOR. Please indicate whom you wish to serve as your Executor. The Executor will be responsible for administering your estate, which includes paying any debts and distributing your assets. Typically, the spouse is appointed, but it is recommended that you appoint one or more successors to act in case he or she is unable to act.

FOR WIFE: _____

FOR HUSBAND: _____

7. APPOINTMENT OF ATTORNEY-IN-FACT. Please indicate whom you wish to serve as your Attorney-in-Fact under your Durable Power of Attorney. The Attorney-in-Fact will be able to act on your behalf with respect to your financial affairs if you are unable to do so during your lifetime if you become incapacitated. Typically, your spouse is appointed as the initial Attorney-in-Fact, but it is recommended that you appoint one or more successors to act if he or she is unable to act.

FOR WIFE: _____

FOR HUSBAND: _____

8. APPOINTMENT OF HEALTH CARE AGENT. Please indicate whom you wish to serve as your Health Care Agent under your Health Care Power of Attorney. The Health Care Agent will be able to act on your behalf with respect to your health and medical affairs if you are unable to do so during your lifetime if you become incapacitated. Typically, your spouse is appointed as the initial Health Care Agent, but it is recommended that you appoint one or more successors to act if he or she is unable to act. Also, please include the contact information (addresses and phone numbers) for the persons indicated.

FOR WIFE: _____

FOR HUSBAND: _____

9. ARE THERE ANY SPECIAL CIRCUMSTANCES OR OTHER INFORMATION THAT WE SHOULD BE AWARE OF:
