

Will/Trust Questionnaire

The information requested below is essential in preparing your will or trust. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains. If both you and your spouse require estate planning documents, you will need to each fill out a separate questionnaire. (When filling out two questionnaires, long or complex directions that will be identical in both sets of documents may be written down on only one questionnaire and referred to on the second questionnaire.)

1. State your full name:

First	Middle	Last
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a. State all other names by which you have been known:

c. Age: _____ Date of birth: _____

d. Sex: Male Female

2. State your current residence:

a. Street address:

b. City: _____ County: _____

c. State: _____ Zip code: _____

d. Contact Information:

Residence: _____ Work: _____

Cell: _____ Other: _____

E-mail: _____

3. If you are married, state your spouse's full name (including maiden name):

First	Middle	Last
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4. If you have children, including adopted children, state the Name, Sex, Date of Birth, and the type of relationship (i.e. Biological, Step, Adopted) for each child:

Full name	M/F	Date of Birth	Bio/Step/Adopted

5. a. Name and date of a deceased child or children:

Full name	Son/Daughter	Date of Death

b. Name of deceased child's living children:

Full name	Son/Daughter	Date of Birth

6. Do you and your spouse have a Prenuptial Agreement, which identifies and disposes of separate spousal property?

Yes No

(If yes, attach copy with any filing data.)

7. Have you created any trusts or made gifts to any trust? If yes, describe:

8. Do you have a date on which you expect to have any inheritance distributed to you? If so, state from whom and how much:

9. Please indicate, by checking the appropriate option, how you want your assets to pass when you die.

_____ **Option A: I want my assets to pass to my spouse and children as follows:**

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

_____ **Option B: I am unmarried with children and want my assets to pass:**

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

_____ Option C: None of the above. I want my assets to pass:

10. At what age(s) do you want the monies to be distributed to your children/beneficiaries? List percentages:

____% at ____ years old; ____% at ____ years old; ____% at ____ years old.

Other: _____

11. List any instructions regarding limitations on distributions (such as must finish college, etc.), or special situations (such as starting a business, getting married, etc.).

12. Do you wish to disinherit any child, grandchild, or other person? If yes, you must list their names here.

13. Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and wish it left to a specific person, please complete the following.

Note: If you have chosen “Option A” or “Option B” under number 11, you have indicated by your selection the items described above will pass to your spouse and/or children. Complete this number ONLY if you desire such items of specific value to be left to specific person(s).

ITEM	SPECIAL IDENTIFYING FEATURES	RECIPIENT
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14. If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will.

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.

GUARDIAN(S)

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as guardian, please list an alternate:

SUCCESSOR GUARDIAN(S)

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

15. If you want the guardian to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually, COLA, salary reimbursement to stay at home, etc.).

16. Do you want the appointed guardian also to be the conservator of any assets inherited by the minor child/ren?
NOTE: A conservator is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other capacity.

Yes No

If no, please list the person or entity you wish to act as their conservator. You should obtain the consent of that person or entity before executing your Will.

CONSERVATOR(S)

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as conservator, please list a successor:

SUCCESSOR CONSERVATOR(S)

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

17. If you want the conservator to receive a stipend/compensation for taking on the responsibilities of managing the trust assets, please set forth the details (e.g. monthly, annually, COLA, etc.).

18. *WILL /POUR-OVER WILL (with a trust)* – The person charged with administering your estate, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called personal representative (executor). State the name and address of the person you wish to serve in this role.

Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a personal representative, please list an alternate:

SECOND SUCCESSOR

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)? Yes No

NOTE: A fiduciary bond is a type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of duties.

19. *TRUST/CHILD'S TRUST (with a will if there is minor children)* – The person charged with administering your estate through your trust, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called a trustee. State the name and address of the person you wish to serve in this role.

FIRST SUCCESSOR TRUSTEE

- a. Name(s):

- b. Address:

- c. City: _____ County: _____
- d. State: _____ Zip code: _____
- e. Relationship (if any): _____

If the person listed above is unwilling or unable to serve as a trustee, please list an alternate:

SECOND SUCCESSOR TRUSTEE

- a. Name(s):

- b. Address:

- c. City: _____ County: _____
- d. State: _____ Zip code: _____
- e. Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)? Yes No

NOTE: A fiduciary bond is a type of surety bond required by the court to ensure proper performance of duties.

20. In what place and manner do you wish for your remains to be disposed of?

Execution of a Will/Trust is the best way to determine how your property will be distributed; however, it cannot address important issues regarding health care decisions. You may want to discuss the functions of a Health Care Power of Attorney and a Living Will with our office. These issues should be discussed prior to drafting these documents with the person named as agent.

21. If you become incapacitated, whom do you want to make health care decisions for you?

Spouse first? Yes No

Successor or if not spouse:

PRIMARY/SUCCESSOR AGENT

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Phone number: _____

f. Relationship (if any): _____

If the person listed above is unwilling or unable to perform these duties, please list an alternate:

SUCCESSOR AGENT

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Phone number: _____

f. Relationship (if any): _____

22. Under Oregon law, the agent under your Health Care Power of Attorney has the ability to make mental health care decisions on your behalf. However, that agent does not have the ability to place you in a level one behavioral health care facility licensed by the Department of Health Services (a locked facility), in the event that you need to be in this type of facility. This document is especially recommended to those who have a family history of any mental illness (including Alzheimer 's disease). Do you want a Mental Health Care Power of Attorney?

Yes No

If yes, who do you want to have the authority to make all mental health care decisions for you?

Spouse first? Yes No

Successor or if not spouse:

PRIMARY/SUCCESSOR AGENT

- a. Name(s): _____
- b. Address: _____
- c. City: _____ County: _____
- d. State: _____ Zip code: _____
- e. Phone number: _____
- f. Relationship (if any): _____

23. Do you want a Living Will (life support decisions)?

Yes No

If yes, who do you want to be responsible for deciding to remove you from life support?

Spouse first? Yes No

Successor or if not spouse:

PRIMARY/SUCCESSOR AGENT

- a. Name(s): _____
- b. Address: _____
- c. City: _____ County: _____
- e. State: _____ Zip code: _____
- e. Phone number: _____
- f. Relationship (if any): _____

If the person listed above is unwilling or unable to perform that duty, please list an alternate:

SUCCESSOR AGENT

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Phone number: _____

f. Relationship (if any): _____

24. Here are some general statements about choices you have as to health care you want at the end of your life. Put a check next to whichever choices best fit your wishes. Any combination can be used but if you choose “Direction to Prolong My Life (to the greatest extent possible)”, no other choices should be checked.

____ **Comfort Care Only:** If I have a terminal condition I do not want my life to be prolonged, and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. (NOTE: “Comfort care” means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)

____ **Specific Limitations on Medical Treatments I Want:** (NOTE: mark one or more choices below.) If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but **I do not want the following:**

- ____ 1.) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.
- ____ 2.) Artificially administered food and fluids.
- ____ 3.) To be taken to a hospital if it is at all avoidable.

____ **Pregnancy:** Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

____ **Treatment Until My Medical Condition is Reasonably Known:** Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

____ **Direction to Prolong My Life:** I want my life to be prolonged for _____ (amount of time).

____ **Direction to Prolong My Life:** I want my life to be prolonged to the greatest extent possible.

____ **Other Directions:** _____

25. Do you wish to donate your organs for the following purposes?

Transplantations Yes No

Research Yes No

Studies Yes No

In addition to a Last Will and Health Care documents many individuals ask to receive a General Durable Power of Attorney that becomes “EFFECTIVE UPON INCAPACITATION”. This document allows an individual’s designated ‘Attorney-In-Fact’ to act for him in all financial matters during any time that the individual is incapacitated due to medical or other problems. The Attorney-In-Fact will have full control over your financial future; therefore, you need to make sure only to select trustworthy individuals to act in such an important capacity for you.

26. Do you want a General Durable Power of Attorney?

Yes No

If yes, then who do you wish to be your Attorney-In-Fact?

Spouse first? Yes No

Successor or if not spouse:

SUCCESSOR/PRIMARY ATTORNEY-IN-FACT

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Phone number: _____

f. Relationship (if any): _____

If the person listed above is unwilling or unable to perform these duties, please list an alternate:

SUCCESSOR ATTORNEY-IN-FACT

a. Name(s):

b. Address:

c. City: _____ County: _____

d. State: _____ Zip code: _____

e. Phone Number: _____

f. Relationship (if any): _____

If there is any other information you think would help us prepare your Will, please include below or on a separate sheet of paper and attach it to this questionnaire.

Confirmation of information and instructions: I confirm the information provided by me in this questionnaire is complete and accurate, and that the instructions I am providing reflect my wishes.

Signature

Date