
WILL QUESTIONNAIRE

Dear Prospective Client:

Please complete this questionnaire to the best of your ability. All information provided will be kept confidential. All documents provided will be returned to you and/or destroyed with your permission to safeguard all personal information. I am here to answer questions as you complete the questionnaire. Please feel free to write questions in the margins and use this document to help keep track of the information as you gather it.

We can discuss this information over the phone to make sure you feel comfortable before a face to face meeting. This process should take no more than a week to complete once I have all the information.

Thank you for allowing me the opportunity to provide this service to you.

Sincerely,

STEVEN V. FOSS, Esq.

WILL QUESTIONNAIRE

TESTATOR INFORMATION:

The term "TESTATOR" is the person who the Will is drafted for. This is the person that signs the Will.

Full Legal Name (First, Middle, Last, Suffix):

Maiden Name:

Date of Birth:

Place of Birth (City, Parish, State):

Social Security Number:

Last known physical address:

THE LAW OFFICE
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WILL QUESTIONNAIRE

MARITAL INFORMATION:

Has the Testator ever married? **NO** (skip this section) or **YES** (please complete this page):

Number of Marriages: _____

***If married more than 1 time, please include the information for each spouse.**

CURRENT SPOUSE:

Full Legal Name: _____
(First, Middle, Last, Suffix)

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____
(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Marriage: _____

Place of Marriage: _____
(City, Parish, State)

If spouse is deceased:

Date of Death: _____

Place of Death: _____
(City, Parish, State)

If spouse was divorced:

Date of Divorce: _____

Place of Divorce: _____
(City, Parish, State)

Docket Number: _____

Number of Children from this Marriage: _____

Names of Children/Birthdates: _____

WILL QUESTIONNAIRE

CHILDREN INFORMATION (descendants):

Does Testator have children (birth or adoption)? **NO** (skip this section) or **YES** (please complete this page):

Number of Children: _____

***If more than one child, please include the information for each child.**

First Child:

Full Legal Name: _____

(First, Middle, Last, Suffix)

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____

(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Marriage: _____

Place of Marriage: _____

(City, Parish, State)

If Child is deceased:

Date of Death: _____

Place of Death: _____

(City, Parish, State)

Did this child have any children of his/her own?

NO (skip this question) or **YES** (please list the names of his/her children below and birthdates).

Is this Child physically and mentally capable of taking care of herself/himself?

YES (skip this question) or **NO** (please explain below).

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CHILDREN INFORMATION (descendants):

Second Child:

Full Legal Name: _____
(First, Middle, Last, Suffix)

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____
(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Marriage: _____

Place of Marriage: _____
(City, Parish, State)

If Child is deceased:

Date of Death: _____

Place of Death: _____
(City, Parish, State)

Did this child have any children of his/her own?

NO (skip this question) or **YES** (please list the names of his/her children below and birthdates).

Is this Child physically and mentally capability of taking care of herself/himself?

YES (skip this question) or **NO** (please explain below).

WILL QUESTIONNAIRE

CHILDREN INFORMATION (descendants):

Third Child:

Full Legal Name:

(First, Middle, Last, Suffix)

Maiden Name:

Date of Birth:

Place of Birth:

(City, Parish, State)

Social Security Number:

Mailing address:

Cell Phone Number:

E-mail Address:

Date of Marriage:

Place of Marriage:

(City, Parish, State)

If Child is deceased:

Date of Death:

Place of Death:

(City, Parish, State)

Did this child have any children of his/her own?

NO (skip this question) or **YES** (please list the names of his/her children below and birthdates).

Is this Child physically and mentally capability of taking care of herself/himself at Decedent's death?

YES (skip this question) or **NO** (please explain below).

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PARENT INFORMATION (Testator's Parents):

MOTHER (ascendant):

Full Legal Name: _____

(First, Middle, Last, Suffix)

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____

(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Marriage: _____

Place of Marriage: _____

(City, Parish, State)

If Mother is deceased:

Date of Death: _____

Place of Death: _____

(City, Parish, State)

FATHER (ascendant):

Full Legal Name: _____

(First, Middle, Last, Suffix)

Date of Birth: _____

Place of Birth: _____

(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

If Father is deceased:

Date of Death: _____

Place of Death: _____

(City, Parish, State)

WILL QUESTIONNAIRE

SIBLING INFORMATION (Testator's brothers and sisters):

(Circle one answer)

Does the Testator have any siblings? **NO** (skip this section) or **YES** (please complete this page):

Number of siblings: _____

***If more than 1 sibling, please include the information for each sibling.**

SIBLING (heir):

Full Legal Name: _____
(First, Middle, Last, Suffix)

Maiden Name: _____

Date of Birth: _____

Place of Birth: _____
(City, Parish, State)

Social Security Number: _____

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

Date of Marriage: _____

Place of Marriage: _____
(City, Parish, State)

If sibling is deceased:

Date of Death: _____

Place of Death: _____
(City, Parish, State)

Did this sibling have any children of his/her own?

NO (skip this question) or **YES** (please list the names of his/her children below and birthdates).

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EXECUTOR: This is the person is responsible for handling your affairs at death.

Full Legal Name: _____
(First, Middle, Last, Suffix)

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

TUTOR: This is the person that will take care of any minor children you have.

Full Legal Name: _____
(First, Middle, Last, Suffix)

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

ATTORNEY:

Full Legal Name: _____
(First, Middle, Last, Suffix)

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

ACCOUNTANT:

Full Legal Name: _____
(First, Middle, Last, Suffix)

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

FINANCIAL PLANNER:

Full Legal Name: _____
(First, Middle, Last, Suffix)

Mailing address: _____

Cell Phone Number: _____

E-mail Address: _____

WILL QUESTIONNAIRE

ESTATE ASSETS:

IMMOVABLE PROPERTY:

REAL ESTATE (includes personal home, lots, camps, and vacation homes):

Address of Real Estate: _____
(Street, City, State, Zip Code)

Address of Real Estate: _____
(Street, City, State, Zip Code)

Address of Real Estate: _____
(Street, City, State, Zip Code)

* If more than 3, please provide information on a separate sheet of paper.

CEMETERY LOT/PLOT:

Name of Cemetery: _____
(Street, City, State, Zip Code)

Address of Cemetery: _____
(Street, City, State, Zip Code)

* Please provide copy of acquisition documents/bill of sale.

OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:

* Please provide copy of acquisition documents/bill of sale.

WILL QUESTIONNAIRE

ESTATE ASSETS:

MOVABLE PROPERTY:

AUTOMOBILE:

YEAR: _____

MAKE: _____

MODEL: _____

VIN: _____

LENDER: _____

* Please provide copy of title or loan documents if auto is still being financed.

* Please provide information for each auto owned by Decedent.

BOAT:

YEAR: _____

MAKE: _____

MODEL: _____

SERIAL NO: _____

LENDER: _____

* Please provide copy of Bill of Sale or loan documents if Boat is still being financed.

* Please provide information for each boat owned by Decedent.

TRAILER:

YEAR: _____

MAKE: _____

MODEL: _____

SERIAL NO: _____

LENDER: _____

* Please provide copy of Bill of Sale or loan documents if Trailer is still being financed.

* Please provide information for each boat owned by Decedent.

WILL QUESTIONNAIRE

ESTATE ASSETS:

MOVABLE PROPERTY:

HOUSEHOLD FURNITURE:
(Please describe):

NO (skip) or **YES** (Please provide value) \$_____

TOOLS:
(Please describe):

NO (skip) or **YES** (Please provide value) \$_____

FIREARMS:
(Please describe):

NO (skip) or **YES** (Please provide value) \$_____

ART WORK:
(Please describe):

NO (skip) or **YES** (Please provide value) \$_____

THINGS OF MONETARY VALUE: **NO** (skip) or **YES** (Please provide value) \$_____
(Please describe):

WILL QUESTIONNAIRE

ESTATE ASSETS: MOVABLE PROPERTY

SAFETY DEPOSIT BOX:

Name of Bank: _____

Address of Bank: _____

CHECKING ACCOUNT:

Type of Account: Joint, Separate, Business, other: _____

Name of Bank: _____

Address of Branch: _____

Account Number: _____

Name of Primary Account Holder: _____

Account Balance on Date of Death of Descendent: \$ _____

** Please provide the above information for each checking account.*

SAVINGS ACCOUNT:

Name of Bank: _____

Address of Branch: _____

Account Number: _____

Name of Primary Account Holder: _____

Account Balance on Date of Death of Descendent: \$ _____

** Please provide the above information for each checking account.*

ANNUITIES, THRIFT FUNDS: NO (skip) or YES (answer questions below)

** Please describe the type, amount, and location of these assets.*

** Please provide documentation.*

WILL QUESTIONNAIRE

ESTATE ASSETS: MOVABLE PROPERTY

401K/ BROKERAGE ACCOUNTS: NO (skip) or YES (answer questions below)

** Provide name of Broker and contact information.*

** If more than 1 broker, please provide the above information for each broker.*

BONDS: NO (skip) or YES (answer questions below)

Serial Number of Bond: _____

Face Amount: _____

Date of Issue: _____

Name Registered In: _____

** Please provide a copy of the bond.*

** If more than 1 bond, please provide the above information for each bond.*

ACCOUNTS RECEIVABLE: *Does anyone owe money to the Testator)?*

NO (skip) or YES (answer questions below)

** Provide names of all debtors and debts owed to the Testator.*

LEASE INTEREST: *Does anyone owe rent to the Testator)?*

NO (skip) or YES (answer questions below)

** Provide proof of leases or other information that can be used to determine this issue.*

PROMISSORY NOTE: *Did anyone sign a promissory note in favor of paying money to the Testator)?*

NO (skip) or YES (answer questions below)

** Provide proof notes or other information that can be used to determine this issue.*

LITIGATION INTEREST: *Does Testator have any legal claim pending?*

NO (skip) or YES (answer questions below)

** Provide any information that can be used to determine this issue.*

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ESTATE ASSETS: MOVABLE PROPERTY

ESCROW ACCOUNTS: *Do you have any money in Escrow?*

NO (skip) or YES (answer questions below)

** Provide any information that can be used to determine this issue.*

WORKMAN'S COMPENSATION: *Are you receiving Worker Compensation?*

NO (skip) or YES (answer questions below)

** Provide any information that can be used to determine this issue.*

DEFERRED COMPENSATION: *Are you apart of a Deferred Compensation Program?*

NO (skip) or YES (answer questions below)

** Provide any information that can be used to determine this issue.*

OWNERSHIP IN BUSINESS: NO (skip) or YES (answer questions below)

Name of Business: _____

** Please provide proof of Stock ownership, partnership/membership interest.*

** If more than 1 business, please provide the above information for each business.*

ESTATE ASSETS: SEPARATE PROPERTY

INHERITED PROPERTY:

Have you inherited any property?

** Please describe any assets that were inherited, from whom, and provide proof.*

** Provide any information that can be used to determine this issue.*

ESTATE ASSETS: COMMUNITY PROPERTY

MARITAL PROPERTY:

** Please provide any community settlement agreement or termination of the marital regime.*

** All assets acquired during the marriage are presumed to be community property.*

** Please provide proof of assets you believe to be separate property.*

WILL QUESTIONNAIRE

ESTATE ASSETS: HANDLED OUTSIDE OF THE ESTATE

LIFE INSURANCE:

Name of Insurer: _____

Address of Insurer: _____

Policy Number: _____

Amount of Policy: _____

Name of Beneficiary: _____

** Please provide proof of the Insurance Policy (documentation).*

** If more than 1 policy, please provide the above information for each policy.*

ANNUITIES:

Name of Provider: _____

Address of Provider: _____

Policy Number: _____

Amount of Annuity: _____

Name of Beneficiary: _____

** Please provide proof of the Annuity (documentation).*

** If more than 1 Annuity, please provide the above information for each Annuity.*

WILL QUESTIONNAIRE

BEQUEST: This is where you want your assets to go. It can be general or specific.

Ex: I want to leave everything to my wife and children.

Ex: I want to leave everything to my children.

Ex: I want to leave everything to my wife, but I want to leave my guns to my son and my car to my daughter.

Ex: I want to the following items to the persons below:

Son: I want to leave my vehicle.
I want to leave my guns, ATVs, boats, and tools.

Daughter: I want to leave my Camp.
I want to leave my paintings, and the contents of my safety deposit box.

Wife: I want to leave my wife everything else.