

Questions Required in Preparing Your Will, Living Will, and Durable Power of Attorney

WILL QUESTIONS

1) Please provide your full legal name and social security number.

2) Please provide your address.

3) Who do you want as your personal representative? Please specify alternates in your order of preference. Please identify each by name, social security number, address and phone number.

Name _____

Social Security Number _____

Address _____

Phone Number _____

Name _____

Social Security Number _____

Address _____

Phone Number _____

4) Should your personal representative handle your funeral arrangements and expenses? Yes ___ No ___

5) Are there any ceremonial, religious or cremational funeral details you want to indicate?

BABUN & TORRES, PA d/b/a
MIAMILEGALHELP.COM

6) Under each property classification listed below (a-c) please indicate whether you want to leave specific items to specific individuals (known as specific bequests) or the indicated classifications of property to certain individuals (known as class bequests).

a) Real Property. Specific bequest ___ or class bequests ___? (check one)

If by specific bequest, provide the address and legal description of the real property.

Address _____

Legal Description (usually in the purchasing documentation) _____

Please indicate the individual(s) who should receive this property by giving their name, social security number, address and phone number. Please indicate the order of priority.

Name _____

Social Security Number _____

Address _____

Phone Number _____

Name _____

Social Security Number _____

Address _____

Phone Number _____

b) Automobile. Specific bequest ___ or class bequests ___? (check one)

If by specific request, provide the automobile(s) make, year, and vehicle identification number below.

Please indicate the individual(s) who should receive this property by giving their name, social security number, address and phone number. Please indicate the order of priority.

Name _____

Social Security Number _____

Address _____

Phone Number _____

Name _____

Social Security Number _____

Address _____

Phone Number _____

BABUN & TORRES, PA d/b/a
MIAMILEGALHELP.COM

c) Investments. Specific bequest ___ or class bequests ___? (check one)
If by specific bequest, provide all investment descriptions.

Please indicate the individual(s) who should receive this property by giving their name, social security number, address and phone number. Please indicate the order of priority.

Name _____
Social Security Number _____
Address _____
Phone Number _____

Name _____
Social Security Number _____
Address _____
Phone Number _____

6) How do you want your remaining assets not otherwise indicated in your will (your residuary estate) distributed? Please indicate the individual(s) who should receive this property by giving their name, social security number, address and phone number. Please indicate the order of priority.

Name _____
Social Security Number _____
Address _____
Phone Number _____

Name _____
Social Security Number _____
Address _____
Phone Number _____

7) Your Will will operate as if you survived those named in your will unless specified otherwise.

8) Who should be appointed guardian of your minor children? Please indicate possible choices in order of preference.

Name _____
Social Security Number _____
Address _____
Phone Number _____

Name _____
Social Security Number _____
Address _____
Phone Number _____

LIVING WILL QUESTIONS

1) Please provide your full legal name.

2) Who do you wish to carry out your wishes? Please indicate possible choices in order of preference.

Name _____
Social Security Number _____
Address _____
Phone Number _____

Name _____
Social Security Number _____
Address _____
Phone Number _____

DURABLE POWER OF ATTORNEY QUESTIONS

1) Please provide your full legal name.

2) Who do you wish to designate as your Attorney- -in-Fact/Health Care Surrogate? (Please also specify alternates in your order of preference.)

Name _____

Social Security Number _____

Address _____

Phone Number _____

Name _____

Social Security Number _____

Address _____

Phone Number _____

ADDITIONAL INFORMATION

Please include here any additional information you feel is necessary.

