Questionnaire for Simple Estate Plan

Name and Address:					
** 1 1					
Husband Full names					
Full name:Social Security Number and date of birth:					
Social Security (vulliber and date of bird).					
Wife					
Full name:					
Social Security Number and date of birth:					
Children					
Name(s)					
Name(s)					
Cimple Mill					
Simple Will Name of 1 st Executor (name):					
Name of 2 nd Executor (name):					
Trume of 2 Executor (nume).					
Beneficiaries and what they receive (amounts, percentages, specific property):					
1					
2					
3					
4					
11					
Health Care Power of Attorney					
Name address and telephone number of 1 st power of attorney:					
Name address and telephone number of 2nd power of attorney:					
Truthe dudiess and telephone number of 2nd power of duomey.					
Durable Power of Attorney					
Name, address and telephone number of 1 st power of attorney:					
Name, address and telephone number of 2nd power of attorney:					
Living Will					
Special instructions:					