

**Questionnaire for Simple Estate Plan**

Name and Address: \_\_\_\_\_

**Husband**

Full name: \_\_\_\_\_

Social Security Number and date of birth: \_\_\_\_\_

**Wife**

Full name: \_\_\_\_\_

Social Security Number and date of birth: \_\_\_\_\_

**Children**

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

**Simple Will**

Name of 1<sup>st</sup> Executor (name): \_\_\_\_\_

Name of 2<sup>nd</sup> Executor (name): \_\_\_\_\_

Beneficiaries and what they receive (amounts, percentages, specific property):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Health Care Power of Attorney**

Name address and telephone number of 1<sup>st</sup> power of attorney: \_\_\_\_\_

\_\_\_\_\_

Name address and telephone number of 2nd power of attorney: \_\_\_\_\_

\_\_\_\_\_

**Durable Power of Attorney**

Name, address and telephone number of 1<sup>st</sup> power of attorney: \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of 2nd power of attorney: \_\_\_\_\_

\_\_\_\_\_

**Living Will**

Special instructions: \_\_\_\_\_

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