

WEBSTER & SCHELLI
A PROFESSIONAL CORPORATION

***PLEASE COMPLETE AND DOWNLOAD THIS QUESTIONNAIRE AND BRING IT
WITH YOU TO YOUR INITIAL CONSULTATION***

ESTATE PLANNING INFORMATION

YOU:

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____

Home Address: _____

Home Telephone Number: _____

Occupation (former if retired) _____

Office Telephone No. _____

Prior Marriages: _____ Yes _____ No

YOUR SPOUSE:

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____

Date of Marriage: _____

Occupation (former if retired) _____

Office Telephone No. _____

Prior Marriages: _____ Yes _____ No

YOUR CHILDREN Names of Children of Present Marriage, whether natural or adopted:

A. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

List any Children of Prior Marriages (indicate Husband's or Wife's):

D. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

E. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

F. Name: _____

Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

DISTRIBUTIONS:

Names and addresses of other or alternate persons to receive property:

Please list any specific items or amounts that you wish to give to any individuals or organizations:

Name:	Gift
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to (check one):

- Spouse, if spouse predeceases, to children equally
- Children, equally
- Other (specify)

MISCELLANEOUS INFORMATION:

Who will serve as your Personal Representative?

Power of Attorney for Property

Each spouse for the other? ___ Yes _____ No

Someone else? Please Name _____

Alternate: _____

Power of Attorney for Health Care

Each spouse for the other? ___ Yes _____ No

Someone else? Please Name _____

Alternate: _____

Your choice to act as Guardian of your minor children (if applicable):

Name: _____

Address: _____

Alternate: _____

Address: _____