

QUESTIONNAIRE - WILLS & TRUSTS

Husband's full name: _____
Social Security No.: _____ Date of Birth: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____

Wife's full name (include maiden): _____
Social Security No.: _____ Date of Birth: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-Mail: _____

Child(ren)'s Full Names, Social Security Numbers, Dates of Birth and Addresses

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Are any of your children permanently mentally or physically handicapped? _____

If yes, does your disabled child receive any benefits from the government? _____

If yes, have you heard about the "Special Needs Trust"? _____

Tutors (Guardians). Who do you want to raise your minor children? Give a first choice and a backup.

1. _____

2. _____

Executor of Will. Please list your 1st choice with 2 backups.

Husband

Wife

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

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Agents for General Power of Attorney(s):

Husband

Wife

1. Name _____
Address _____

1. Name _____
Address _____

2. Name _____
Address _____

2. Name _____
Address _____

3. Name _____
Address _____

3. Name _____
Address _____

Agents for Medical Power of Attorney(s):

Husband

Wife

1. Name _____
Address _____

1. Name _____
Address _____

2. Name _____
Address _____

1. Name _____
Address _____

3. Name _____
Address _____

1. Name _____
Address _____

Marital Status: _____ Date Married: _____

Date Divorced/Deceased: _____

If previously married, full name of ex-spouse(s):

Do you own any property outside of the State of Louisiana? Yes ___ No ___

If so, where?

Any special legacies (specific property to a particular person), if more room is needed, please attach additional paper.

Estimated Value of Total Estate: _____

Husband, Were you adopted? Yes ___ No ___

Have you adopted anyone? Yes ___ No ___

Wife, Were you adopted? Yes ___ No ___

Have you adopted anyone? Yes ___ No ___

Do you have life insurance? _____

Husband, how much? _____

Wife, how much? _____

Who are the beneficiaries? _____

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Do you need to update the beneficiary form? _____

Do you have investment accounts, 401 K, Annuities, etc. that will go to your spouse or heirs by named beneficiary? _____

Does that beneficiary form reflect your current wishes? _____

Do you have a financial advisor? _____

Do you have an insurance agent (life/disability/long term care/medical)? _____

Do you own an interest in a business? _____

If yes, what business? _____

Have you planned how that interest will be distributed? _____

Will your partners or LLC members buy you out? Is that formalized in a written signed document such as an operating agreement? _____

Do you have an insurance agent for your business? _____

Additional Notes: