

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: _____

Citizenship: _____

Home Address: _____

Home Telephone Number: _____

Occupation (former if retired) _____

Cellular Telephone No. _____

E-Mail Address: _____

Prior Marriages: _____ Yes _____ No

YOUR SPOUSE:

Full Name: _____

Date of Birth: _____

Citizenship: _____

Date of Marriage: _____

Occupation (former if retired) _____

Cellular Telephone No. _____

E-Mail Address: _____

Prior Marriages: _____ Yes _____ No

YOUR CHILDREN Names of Children of Present & Prior Marriage(s), whether natural or adopted:

A. Name: _____

Date of Birth: _____ Married (Y or N): _____

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

Address: _____

Grandchildren: _____

B. Name: _____

Date of Birth: _____ Married (Y or N): _____

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

Address: _____

Grandchildren: _____

C. Name: _____

Date of Birth: _____ Married (Y or N): _____

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

Address: _____

Grandchildren: _____

D. Name: _____

Date of Birth: _____ Married (Y or N): _____

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

Address: _____

Grandchildren: _____

DISTRIBUTIONS:

Briefly explain how you want your property to be distributed at the time of your death, i.e. to my spouse then equally to my children:

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

Name:

Gift

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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: _____

Executor and/or Trustee

Each spouse for the other? ___ Yes _____ No

Someone else? Please Name _____

Alternate: _____

Guardian of Person for your minor children (if applicable):

Name: _____

Address: _____

Alternate: _____

Address: _____