

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Wills Questionnaire**

Please fill out this questionnaire and return it as soon as possible. It is important that your answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question “N/A.” If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your Response to these questions will help to organize your case and will save you money on attorney’s fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

**NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES at Hayes, Rode & Carrillo, P.L.L.C.

**HOW DID YOU HEAR ABOUT US?**

- I am a former client
- A friend by the name of \_\_\_\_\_
- Another attorney by the name of \_\_\_\_\_
- The internet (please specify the website: \_\_\_\_\_)
- Other: \_\_\_\_\_

**TESTATOR'S INFORMATION**

Full Legal Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of residence: \_\_\_\_\_ Length of time in county: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work No.: \_\_\_\_\_  
Email: \_\_\_\_\_ U. S. Citizen?: \_\_\_ Yes \_\_\_ No  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_  
Date of Entry: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_

**SPOUSE'S INFORMATION**

Full Legal Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of residence: \_\_\_\_\_ Length of time in county: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work No.: \_\_\_\_\_  
Email: \_\_\_\_\_ U. S. Citizen?: \_\_\_ Yes \_\_\_ No  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Date of Marriage to Current Spouse: \_\_\_\_\_

**CHILDREN**

Please list all children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_

**PROPERTY**

Who would you like to leave your property to in your will? (Please list each person, their relationship to you, and their address).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any specific items that you would like to leave specific persons? (Please list each person, their relationship to you, and their address).

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**EXECUTOR/EXECUTRIX:**

Please list at least two people who you would like to serve as executor/executrix of your estate. (Please list each person, their relationship to you, and their address). Please list them in order of preference.

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**GUARDIAN OF MINOR CHILDREN:**

Do you have any minor children (under the age of 18 years)?  Yes  No

Please list who you would like to serve as guardian of your minor children. (Please list each person, their relationship to you, and their address). Please list them in order of preference.

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**POWER OF ATTORNEY:**

Please list at least two people who you would like to serve as a general power of attorney. (Please list each person, their relationship to you, and their address). Please list them in order of preference.

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**MEDICAL POWER OF ATTORNEY:**

Please list at least two people who you would like to serve as a medical power of attorney. (Please list each person, their relationship to you, and their address). Please list them in order of preference.

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**DIRECTIVE TO PHYSICIAN:**

In the event that from a terminal condition from which you are expected to die in six months, even with life support, do you still wish to stay on life support? \_\_\_\_\_

In the event that you are suffering from an irreversible condition to an extent that you cannot care for yourself or make decisions for yourself and are expected to die without life support, do you wish to remain on life support? \_\_\_\_\_