LegalShield®

Your Will Questionnaire

Please print

estate
Everything that you own at your passing after payment of debts and taxes. You will make decisions regarding the percentage share of your estate that you wish to give to your beneficiaries. And if you wish, you may leave specific items of property (car, investments, heirlooms, etc.) or sums of money to your beneficiaries.

will
A document which provides who is to receive your property, who will administer your estate, who will serve as guardian of your children, if applicable, and other provisions.

peace of mind
The wonderful feeling you get as a LegalShield member after having your Will prepared by a qualified law firm at a reasonable price.

For Your Information

MEMBER AND SPOUSE FILLING OUT A SEPARATE FORM
In order to meet each person's unique needs, you must each fill out a Will Questionnaire.

Get Started!

1 | 2 | 3 | 4 | 5 | 6

What You'll Need to Complete This Questionnaire:

- Copy of your **Prenuptial Agreement** (if applicable).
- **Names** and **birth dates** of your **children** and **grandchildren** (if applicable).
- The **name** and **contact information** of the person you've chosen to be **guardian of your child(ren)**, the **trustee(s)** of their estate, and **your personal representative/executor.**
- To best serve you in completing your Will for **estate tax purposes**, you'll be asked to provide the approximate **dollar amount** of such items as: your home, other real estate, bank accounts, vehicles, retirement plans, life insurance policies, and debts such as mortgages, loans, medical or others over $5,000.

Helpful Information before You Get Started!

- This Will Questionnaire is NOT your Will. It will help your Provider Law Firm prepare your Will. All questions applicable to you MUST be completed in their entirety in order to have your Will prepared.
- If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains.
- If you have questions while filling out this form, don't hesitate to call your Provider Law Firm at the number on your membership card.
- If you need the number to your firm, call Member Services at 1-800-654-7757 (7 a.m. - 7 p.m., Monday-Friday, Central Time).

1) Full name (first, middle, last): _____

All other names by which you have been known: _____

Membership Number: _____

Age: _____ Date of Birth (DOB): _____ Sex: ■ Male ☐ Female

Are you a US citizen?* ○ Y ◉ N If no, country of citizenship: _____

2) Current residence

Street address: _____ City: _____

County or Parish: _____ ST: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

3) If you are married, your spouse's full name (first, middle, last, maiden): _____

DOB: _____ Date of marriage: _____

Place of marriage: _____

Are you currently living with your present spouse? ◉ Y ○ N

4) Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate spousal property? ○ Y ○ N ○ N/A
If yes, attach copy with any filing data.

* Non-citizen estate taxation varies from taxation for US citizens.

5) If either you or your spouse has been divorced, please answer the following. If not applicable, please go to question #6.

Date of marriage: _____

Date of divorce judgment: _____

Court rendering judgment: _____

Date of spouse's death (if applicable): _____

6) Have you or your spouse created any trusts or made gifts through trusts to others? If yes, describe and include a copy. If not applicable, go to question #7.

7) Do you or your spouse expect any inheritance? If yes, state from whom and how much. If not applicable, please go to question #8.

8) If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #15.

Full Name	Son/Daughter	Date of Birth	Child of Current Marriage? (Y/N)
1			
2			
3			
4			

9) a. Deceased biological or legally adopted children if applicable.

Full Name	Son/Daughter	Date of Death

b. Deceased child's living children if applicable:

Full Name	Son/Daughter	Date of Birth	Parent's Name

10) If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? ○ Y ○ N ○ N/A
If yes, state the following for each:

Full Name	Male/Female	Date of Birth	Parent's Name

11) If you have grandchildren, state the following for each. If not, go to question #12.

Full Name	Parent's Name	Grandson / Granddaughter	DOB	Living? (Y/N)
1				
2				
3				

For Your Information

A great deal of personal information is requested in your Will Questionnaire. Without all of the information requested, your Provider Law Firm can't ensure your wishes will occur or that the most comprehensive estate planning options have been advised. All information you provide them will remain strictly confidential.

Dear LegalShield,
I'm writing to thank you for your firm's excellent preparation of my Last Will and Testament. [My lawyer] has been very professional, knowledgeable, and responsive to my calls and questions. Due to his excellent service, I am pleased to continue using LegalShield and to recommend it to friends, family, and business associates.
Sincerely,
Florida Member

guardian
A person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity. Certain states do not allow anyone other than a biological parent to be appointed as guardian of minor children in the event of one parent's death. Please call your Provider Law Firm for instructions for your state.

NOTE: Louisiana residents, although the provision in a Will providing for a guardian of minor children is not binding in your state, it is highly persuasive in a proceeding for the appointment of a guardian and should be included in the Will of any person with minor children.

trustee
A person appointed to manage the financial affairs of the one who is legally incapable of doing so because of age or other incapacity.

joint tenants with right of survivorship
A single property owned by two or more persons, under one title, with equal rights to the property. At the death of one joint tenant, the property transfers to the surviving tenant.

Halfway Point

1 2 3 4 5 6

12) Are any of your children or other beneficiaries mentally or physically disabled or have special needs? ○ Y ○ N

If so, note any special provisions:

_____

_____

If so, are they presently receiving, or do you anticipate that they may apply for, SSI benefits in the future? ○ Y ○ N

Note: If you leave a bequest, not left to a qualified trust, the recipient might be disqualified from SSI benefits.

13) If your children are under age eighteen (18), state the following for the person you wish to act as their **guardian** (custodian) in the event of your death or in case of the joint death of you and your spouse (if married). **You should obtain the consent of that person(s) before executing your will.**

If you do not have any minor children, please go to question #15.

Name(s): _____

_____

Address: _____

Relationship: _____

If at the time of your death the person(s) named above is/are unwilling to serve as guardian (custodian), please list an alternate:

Name(s): _____

_____

Address: _____

Relationship: _____

14) Do you want the appointed guardian also to be the **trustee** (conservator) of any assets inherited by the minor children? ○ Y ○ N

At what age would you like your children to take control from the trustee of any inherited assets? (Must be at least 18 years old.) _____ years old

If no, please list the person or entity you wish to act as their financial custodian. You should obtain the consent of that person or entity before executing your Will.

Name: _____

Address: _____

Relationship: _____

Please list an alternate in case this person is unwilling or unable to serve:

Name(s): _____

_____

Address: _____

Relationship: _____

15) Indicate how you want your assets to pass when you die.

Please check the ONE option you prefer:

☐ **OPTION A**
I want my assets to pass to my spouse and children as follows:

- To my spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares to my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendents fail to survive me, I want my assets to be distributed as follows:

☐ **OPTION B**
I am unmarried with children and want my assets to pass as follows:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendents fail to survive me, I want my assets to be distributed as follows:

☐ **OPTION C**
None of the above. I want my assets to pass as follows:

For Your Information

If you own property jointly with another person as "joint tenants with right of survivorship," your interest in that property will pass to the survivor upon your death. It will not pass according to the terms of your Will. If you own property jointly with another person without right of survivorship, your interest in that property will pass according to the provisions in your Will.

NOTE: Idaho and Louisiana residents, contact your Provider Law Firm for information particular to your state.

BENEFICIARY DESIGNATIONS

You should know that decisions you have already made regarding title to property will determine distribution of that property in the future. Will provisions cannot alter those decisions. A beneficiary designation is a binding contractual obligation and a Will provision will not alter that designation.

Beneficiary designations in life insurance policies, retirement plans, annuities, bank accounts with a named "Due on Death" (DOD) beneficiary, etc., will determine who receives those moneys upon your death, not your Will.

MORTGAGED PROPERTY

- If you leave to a named beneficiary real/immovable property which is mortgaged, that property will generally pass under your Will to the beneficiary subject to the debt secured by the mortgage.
- If you wish to leave the property free and clear of the mortgage debt, you must include a provision in your Will directing the debt to be paid from the other assets of your estate, provided sufficient assets are available.

NOTE: Louisiana residents, contact your Provider Law Firm for information particular to your state.

health care power of attorney
A legal document appointing a person the authority to make health care decisions on another person's behalf.

physicians directive
(also living will)
A legal document containing instructions for physicians regarding your life-support preferences.

executor
(also personal representative)
The person appointed in a Will by the testator (person making the Will) to carry out the terms of the Will.

fiduciary bond
A type of surety bond required by the court to be filed by executors, guardians, etc., to ensure proper performance of their duties as an executor. Typically waived, especially when a spouse or family member is appointed executor.

For Your Information

FUNERAL ARRANGEMENTS

Rather than including your funeral wishes in your Will, which often isn't read until after your funeral, it's best to make your wishes known to loved ones in writing prior to your death.

Almost Done!

16) Do you wish to disinherit any children or grandchildren? If so list their names here. If not applicable, please go to question #17.

NOTE: In certain states it is not possible to completely disinherit a spouse or minor child. Please contact your Provider Law Firm for more information.

17) Execution of a Will is the best way to determine how your property will be distributed. However, it cannot address important issues regarding health care decisions. Your Provider Law Firm will prepare a **Health Care Power of Attorney** and **Physician's Directive*** at no additional charge if prepared with your Will.

* In Alabama, an Advance Directive for Health Care

Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

Full name: _____

Address: _____

Phone number: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name: _____

Address: _____

Phone number: _____

Please indicate your wishes by checking one box below:

☐ I want this person to be able to act on my behalf immediately.
☐ I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

18) If married and your spouse is still alive, do you want your spouse to serve as your **personal representative/executor***? ☐ Y ☐ N

* Louisiana & Missouri residents, see back cover.

Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below.

NOTE: If you wish to name a non-US resident, please contact your Provider Firm.

Full name: _____

Address: _____

Please list an alternate in case this person is unwilling or unable to serve:

Full name: _____

Address: _____

Do you wish to waive the **fiduciary bond** requirement? ☐ Y ☐ N

19) Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.

NOTE: In question #15 you indicated how you would like your assets to pass. Please fill out question #19 ONLY if you desire items with specific or sentimental value be left to a specific person. (Include a separate sheet of paper if necessary.)

Item	Special Identifying Features	Recipient

20) List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s).

	VALUE			
ASSETS	Individual Assets	Spouse's Separate Assets	Joint/Community Assets	Joint Assets/ Non-Spouse
a. Home				
b. Other real estate*				
c. Checking, savings, or credit union accounts & certificates				
1.				
2.				
d. Automobiles & Other Vehicles				
e. Stocks, Mutual funds & other investments				
f. Interest in a business				
g. Qualified retirement plans (e.g. 401k plan)				
h. Life Insurance Policies				
i. Miscellaneous				
TOTALS				

* Indicate whether in state or out of state.

21) List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s).

DEBTS	Individual Debts	Spouse's Separate Debts	Joint/Community Debts	Joint Debts/ Non-Spouse
a. Mortgages on home, car, etc.				
b. Signature Loan at Bank				
c. Medical or other expenses				
d. Other debts over $5,000				
TOTALS				

Confirmation of Information and Instructions:
I confirm the information provided by me in this form is complete and accurate and that the instructions I have provided reflect my wishes.

Signature: _____

Print name: _____

Date: _____ Phone number: _____
IN CASE OF QUESTIONS

You have now completed your Will Questionnaire! Please see instructions on the next page for final steps on how to get your Will prepared.

For Your Information

FEDERAL ESTATE TAXES

Your taxable estate may include all life insurance on your life and all joint tenancy property. Tax laws are constantly changing. If your taxable estate is larger than $1,000,000 you should consult with your Provider Law Firm regarding advanced tax planning tools available at a discounted rate.

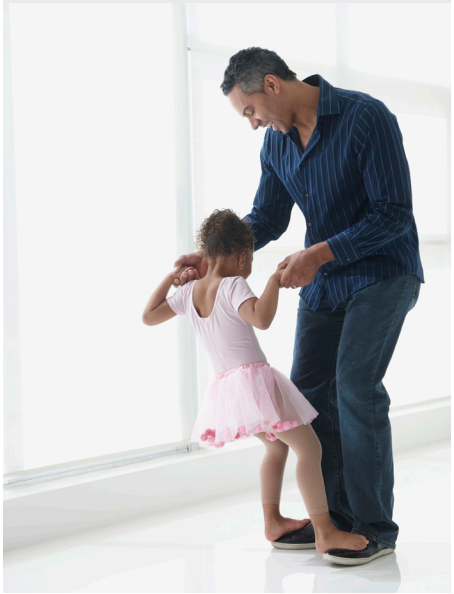
STATE INHERITANCE TAXES

Your estate could be subject to state inheritance tax even if it isn't subject to federal taxation. Please ask your Provider Law Firm for further clarification.

probate
The judicial determination of the validity of a Will.

PROBATE

Many people think that if their loved one had a Will prepared, they will be able to avoid the probate process. This is not necessarily the case. Please ask your Provider Law Firm for details about your state.



Your LegalShield Plan Will Questionnaire

TO HAVE YOUR WILL PREPARED:

1 **After completing the Will Questionnaire, mail it to your Provider Law Firm.** If you need to include additional information to this questionnaire, please include a separate sheet of paper. If you need your Provider Law Firm's address, please call their number which you can find via the LegalShield mobile app or by calling Member Services toll-free at 1-800-654-7757. Use one stamp for each Will Questionnaire you send in.

They will prepare your Last Will & Testament based on the confidential information you provide in your Will Questionnaire. If they need additional information from you while completing your Will, they'll call you.

2 **Your Provider Law Firm should mail you your completed Will within ten (10) business days of when they receive your completed Will Questionnaire.** You'll also receive instructions from your Provider Law Firm on how to have your Will finalized.

3 **Safeguard your Will and make a copy for your executor.** Store your Will in a safe place with other important legal documents. Please remember that you—not your Provider Law Firm—are responsible for the safekeeping of your Will.

* Louisiana & Missouri Residents: Under law, the Personal Representative serves with Court supervision. Certain actions can be taken by your Personal Representative only after obtaining Court approval, including the sale or transfer of any real estate which is part of your estate. However, you can waive certain Court supervision by electing "Independent Administration" of your estate. By electing "Independent Administration" the expenses associated with probate administration may be lessened. However, because there is less Court supervision, there is a greater chance of dishonesty by the Personal Representative and they must secure the service of an attorney on legal questions arising in connection with the administration of the estate.

Do you wish to elect "Independent Administration" for your estate? ☐ **Y** ☐ **N**

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