

MISSOURI WILL QUESTIONNAIRE

(Standard Wills for Married Couple With Minor Children)

You and your spouse are not required to select the same individuals to be your executors or your children's guardians and trustees. However, if you are selecting different persons you will each need to complete a separate questionnaire.

Testators (Persons Making The Wills)

Name of husband: _____ Birthdate: ____/____/____

Name of wife: _____ Birthdate: ____/____/____

Address: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Family Information

Number of Children: _____

Is there any chance of more children in the future ? Yes ____ No ____

<u>Full Name</u>	<u>Age</u>	<u>Full Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

Do you have children from a prior marriage ? Yes ____ No ____

(If Yes, please arrange for a personal appointment as the standard will may not be appropriate)

Personal Representative (Executor)

Who do you want to be the personal representative (executor) ? Your PR is responsible for administering your estate. Simply put, they will be responsible for liquidating your assets and distributing the proceeds to your designated beneficiaries. Although your PR does not have to be a Missouri resident, I recommend that you seriously consider how difficult it could be for someone far away to administer your estate.

____ The spouse and one or more successor personal representatives (*This is the most common answer*)

____ The spouse and a co-personal representative

____ One personal representative and one or more successor personal representative

____ Two co-personal representatives. Can they work well together ?

First Choice: _____ (*Most common is Spouse*)

Address: _____

First Successor: _____

Address: _____

Second Successor: _____

Address: _____

Beneficiary & Distribution Information

Are there to be any specific bequests (gifts) of cash or personal property to someone other than your spouse or children? Yes _____ No _____ If Yes, please attach list.

If no, how do you want the remainder of your property to be distributed ?

_____ Everything to the spouse and if the spouse has already died then everything to the children in equal shares. (*This is the most common method*)

If a child dies before you, do you want their share to go to their children (your grandchildren), if they have any ? Yes _____ No _____ (*Yes is the most common answer*)

If all of the standard beneficiaries (spouse, children and grandchildren) do not survive you, who do you wish to designate as alternate beneficiaries ?

_____ Standard distribution which is 50% to your family and 50% to your spouses family. Under state law, each half goes to the following living individuals in the following order: (1) Parents, (2) Brothers/Sisters, (3) Nieces/Nephews/Aunts/Uncles. (*This is the most common method*)

_____ Other _____
(*Please arrange for a personal appointment as the standard will is not appropriate*)

Guardian of Minor Children

If your spouse predeceases you and there are minor children, who would you like their guardian to be ?

First Choice: _____

First Successor: _____

Trustee of Minor Children's Inheritance / Distribution Ages

Who do you want to be the trustee of your minor children's trust ? The trustee can be the same person as the guardian if you want.

_____ One trustee and one or more successor trustees. (*This is the most common answer*)

_____ Two co-trustees and if one fails to qualify the other may act alone

First Choice: _____

First Successor: _____

How old do you want your children to be before they receive their inheritance free from the trust ? Please note that the trustee is allowed to distribute funds for education, medical and living expenses at any time prior to the distributions checked below.

_____ total distribution at age: 18 21 25 30 _____ (*Circle Your Choice*)

_____ 1/2 is to be released when 21 and the balance at age 25

_____ 1/2 is to be released when 25 and the balance at age 30

_____ 1/3 is to be released when 21, and 1/3 when 25 and the balance at age 30

_____ Other: _____

Health Care Directive (Living Will)

Do you want a "living will" authorizing your spouse to withdraw or determine your medical treatment if you are not capable of making your own medical decisions ? Yes ____ No ____

Do you want a second person named if your spouse has predeceased or cannot act? Yes ____ No ____

If yes, please give name and address of alternate person:

Name: _____

Address: _____

Durable Power of Attorney

Do you want a "Durable Power of Attorney" giving your spouse the ability to handle your affairs if you are mentally incapacitated ? Yes ____ No ____

Do you want a second person named if your spouse has predeceased or cannot act? Yes ____ No ____

If yes, please give name and address of alternate person:

Name: _____

Address: _____

If you want a third choice for any of the above please list here:

Name: _____

Address: _____

To Pay By Credit Card

Type of Credit Card: MasterCard ____ VISA ____

Credit Card Number: _____

Expiration Date: Month ____ Year ____ Sec Code: ____/____/____

Payment Amount: **\$295.00** for Standard Will Package

Name on Card: _____

Signature: _____

Mail or fax the completed form with check or credit card payment to:

Greg A. Launhardt

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