

MISSOURI WILL QUESTIONNAIRE

(Standard Will Package for Single Person With No Minor Children)

Testator (Person Making The Will)

Name of the testator: _____ Birthdate: ____/____/____

Address: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Family Information

Name of ex-spouse: _____ None _____ Divorced _____ Deceased _____

Number of Children: _____ None: _____

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

(If Yes, please call for Minor Children Will Questionnaire)

Full Name

Address

Age

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

Do you have children from more than one marriage ? Yes _____ No _____

(If Yes, please arrange for a personal appointment as the standard 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.

_____ One personal representative and one or more successor personal representative
(*This is the most common answer*)

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

First Choice: _____ (*Most common is child over 21*)

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 children? Yes ____ No ____

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

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

____ Everything to the child(ren) in equal shares. *(This is the most common answer)*

If a child dies before you, do you want their share to go to their children, if they have any ?

Yes ____ No ____ *(Yes is the most common answer)*

____ Disinheriting one or more children to the extent permitted by law. Please give specific instructions.

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

____ Standard distribution under state law 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 (Specify) _____

If none of the above, please arrange for a personal appointment as the standard will is not appropriate

Health Care Directive (Living Will)

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

If yes, please give name and address of:

First alternate person: _____

Second alternate person: _____

Durable Power of Attorney

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

If yes, please give name and address of:

First alternate person: _____

Second alternate person: _____

To Pay By Credit Card

Type of Credit Card: MasterCard ____ VISA ____

Credit Card Number: _____

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

Payment Amount: **\$245.00** for Standard Will Package

Name on Card: _____

Signature: _____

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

Greg A. Launhardt

11420 Gravois Road, St. Louis, Missouri 63126, Call (314) 842-1313 Fax 842-7045

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