

# MISSOURI WILL QUESTIONNAIRE

( Standard Will for Single Person With Minor Children )

## Testator ( Person Making The Will )

Name of the testator: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Family Information

Name of ex-spouse: \_\_\_\_\_ Divorced \_\_\_\_ Deceased \_\_\_\_ None \_\_\_\_

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 one prior marriage ? Yes \_\_\_\_ No \_\_\_\_

*(If Yes, please arrange for a personal appointment as the standard will is probably not appropriate)*

## 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 your estate to be distributed ?

\_\_\_\_ Everything to the child(ren) 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, 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 none of the above, please arrange for a personal appointment as the standard will is not appropriate*

If all of the beneficiaries (children/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) \_\_\_\_\_

## 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: \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address \_\_\_\_\_

## Guardian of Minor Children

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

First Choice: \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address \_\_\_\_\_

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)*

\_\_\_\_ 25 but 1/2 is to be released when 21

\_\_\_\_ 30 but 1/2 is to be released when 25

\_\_\_\_ 30 but 1/3 is to be released when 21, and 1/3 when 25

\_\_\_\_ Other: \_\_\_\_\_

## Trustee of Minor Children's Inheritance

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

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

\_\_\_\_ Two co-trustees and if one fails to qualify the other may act alone. Can they work well together ?

First Choice: \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address \_\_\_\_\_

**Health Care Directive ( Living Will )**

Do you want a "living will" authorizing someone to withdraw medical treatment if you are terminally ill ?

Yes \_\_\_\_ No \_\_\_\_ If Yes, who ?

First Choice: \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address \_\_\_\_\_

**Durable Power of Attorney**

Do you want a "Durable Power of Attorney" giving a family member or friend the ability to handle your financial affairs in the event you are mentally incapacitated ? Yes \_\_\_\_ No \_\_\_\_ If Yes, who ?

First Choice: \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: \_\_\_\_\_

Address \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**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

[greg@accountax-stl.com](mailto:greg@accountax-stl.com)