

Legal Services Program

LEGAL CLUB OF AMERICA

Last Will & Testament

Questionnaire

Provided for planmembers of:



**Legal Club
Of America**®

LAST WILL & TESTAMENT QUESTIONNAIRE

1. Full Name: _____
First Middle Last

2. Address: _____
Street City State Zip

3. County in which you reside: _____

4. Telephone Number: _____

5. Spouse's Full Name: _____
First Middle Last

6. List All Living Children Name	Relationship	Date of Birth	City & State of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If any of your children are minors, you may wish to designate a guardian to care for them in case of the death of both parents. It is recommended that you obtain the consent of that person prior to designation.

(A) Guardian: _____ (B) Guardian: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Relationship: _____ Relationship: _____

8. You may wish to make a special or general bequest to a person or charitable organization.

- 1) Item / \$ Amount / % Amount: _____
 Person / Charity: _____
 City and State: _____

- 2) Item / \$ Amount / % Amount: _____
 Person / Charity: _____
 City and State: _____

- 3) Item / \$ Amount / % Amount: _____
 Person / Charity: _____
 City and State: _____

- 4) Item / \$ Amount / % Amount: _____
 Person / Charity: _____
 City and State: _____

- 5) Item / \$ Amount / % Amount: _____
 Person / Charity: _____
 City and State: _____

9. RESIDUAL ESTATE: Please indicate by checking the appropriate section, how you wish your remaining assets be distributed when you die.

OPTION A: I am married with children and want my assets to pass as follows:

To my surviving spouse.
 In the event my spouse predeceases me, then my assets shall be divided equally among my children.
 If any of my children predeceases me, that child's share shall be distributed as follows:
 PER STIRPES (distributed to his or her children (a.k.a. the Grandchildren) equally)
 PER CAPITA (divided equally between the surviving children - not the grandchildren)

OPTION B: I am not married with children and want my assets to pass as follows:

In equal shares among my children.
 If any of my children predeceases me, that child's share shall be distributed as follows:
 PER STIRPES (distributed to his or her children (a.k.a. the Grandchildren) equally)
 PER CAPITA (divided equally between the surviving children - not the grandchildren)

OPTION C: I am married with no children and want my assets to pass as follows:

To my surviving spouse.
 In the event that my spouse predeceases me, I want my assets distributed as follows:

NAME	CITY/STATE	RELATIONSHIP	PER STIRPES	PER CAPITA
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

OPTION D: I am not married and without children. I want my assets to pass as follows:

NAME	CITY/STATE	RELATIONSHIP	PER STIRPES	PER CAPITA
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

10. **PERSONAL REPRESENTATIVE:** Your personal representative must be at least 18 and preferably live in your state of residence and preferably, but not necessarily, a blood relative. If named and your spouse is named as your Personal Representative, also list an alternate choice. If single, name a first and second choice.

(A)Name: _____ (B) Name: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip: _____ State: _____ Zip: _____
Relationship: _____ Relationship: _____

11. **Other information to consider:**

If your estate cannot be passed to your beneficiaries in one of the previous sections, or if you answer yes to any of the following choices on the checklist below, your needs may require a more complex will or living trust. In this instance you should make an appointment with your attorney to discuss your alternatives.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you own any interest in a business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you own any real property other than your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your estate total more than \$600,000? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you been married more than once? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do any of your children have special needs? |

THIS FORM MAY BE USED AS A GUIDELINE TO ASSIST YOUR LEGAL CLUB ATTORNEY. YOU MAY CONTACT THE ATTORNEY LISTED ON YOUR MEMBERSHIP WELCOME LETTER OR CONTACT CUSTOMER SERVICE TO SELECT A DIFFERENT ATTORNEY. YOU ARE FREE TO USE AN ATTORNEY OUTSIDE OF YOUR LEGAL CLUB PLAN, HOWEVER, ONLY LEGAL CLUB ATTORNEYS ARE OBLIGATED TO PROVIDE YOU WITH FREE AND DISCOUNTED SERVICES IN ACCORDANCE WITH YOUR MEMBERSHIP. THE HIRING OF A LAWYER IS AN IMPORTANT DECISION, BEFORE HIRING AN ATTORNEY, ASK THE LAWYER FOR WRITTEN INFORMATION ABOUT THEIR QUALIFICATIONS AND EXPERIENCE.

This form is being supplied as a benefit of legal Club of America membership to assist individuals in having a last will and testament drafted if they so desire. This form may be used at the bearer's discretion to assist them in organizing their personal information. The questionnaire is not a last will and testament.



1-800-305-6816