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WILL QUESTIONNAIRE

The following questionnaire is designed to provide me with as much information as possible concerning you, your family, your assets and liabilities. With this information, I can better assist in the preparation of your will, as well as being in a position to better help you plan the disposition of your estate.

Please answer each question as fully as possible. If any questions are inapplicable to you simply indicate: "N/A". And, do keep in mind that any and all information provided me by you will remain strictly confidential.

GENERAL CLIENT INFORMATION

1. Full name: _____
2. Other names used: _____
3. Current age: _____
4. Date of Birth: _____
5. Place of Birth: _____
6. Length of residency in Indiana: _____
7. Prior residencies (State/County):

8. Country of citizenship: _____

9. Permanent Address: _____

10. Home phone #: _____

11. Occupation: _____

12. Name & Address of Employer:

13. Business phone #: _____

14. Social Security #: _____

15. Military Service? Yes/No

16. Current condition of health:

17. Prior wills or trusts? Yes/No

18. Marital status: _____

19. Date married: _____

20. Place married: _____

21. # of prior marriages: _____

22. Dates of prior marriage(s): _____

23. How did prior marriage(s) terminate?

24. Any agreement signed that affect any property? Yes/No

25. Names of ex-spouses: _____

INFORMATION RE: CLIENT'S CURRENT SPOUSE

26. Spouse's full name: _____

27. Other names used: _____

28. Spouse's age: _____

29. Date of birth: _____

30. Place of birth: _____

31. Length of residency in Indiana: _____

32. Prior residencies (State and County):

33. Citizenship: _____

34. Permanent Address:

35. Home phone #: _____

36. Occupation: _____

37. Name & Address of Employer: _____

38. Business telephone #: _____

39. Social Security #: _____

40. Military Service? (Yes/No)

41. Current condition of health:

42. Date married: _____

43. Place married: _____

44. # of prior marriages: _____

45. Dates of prior marriage(s): _____

46. How did prior marriage(s) terminate?

47. Any agreement signed that affect any property? Yes/No

48. Names of ex-spouses: _____

INFORMATION RE: CLIENT'S DEPENDENTS

49. # of children _____

50.

Name of each child	Date of birth:

51. Children of prior marriage(s)? Yes/No

53.

Name of each child	Date of birth:

FINANCIAL INFORMATION

54. Salary/client: _____

55: Salary/spouse:

PERSONAL PROPERTY ASSETS

56. Bank/Savings Account

Name and branch address:	
Account #:	
How held (joint tenancy/tenants in common)	
Source of funds in account:	

57 Safe deposit box

Location:	
- Value & description of contents:	

59. Do you own any of the following:

- Stocks & Bonds
- Notes and Mortgages
- Other investments
 - Furniture/Personal Effects
 - Automobiles
 - Insurance policies
 - Pensions, Profit Sharing

REAL PROPERTY ASSETS

60. Do you own or rent your home: _____

61. If you own, is there a mortgage and, if so, what is the amount owing:

62. If you own, what is the Current Fair Market Value: _____

63. Do you own other real estate? _____

DEBTS & LIABILITIES

65 Please list your debts and the amounts owed:
