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*(Not For Service Of Process)*

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## **CONFIDENTIAL WILL QUESTIONNAIRE**

A Will is a legal document that allows you to arrange now for the disposition of your property upon your death. If you die without a Will (*intestate*) the laws of the state will determine who receives your property.

Please provide the following basic information, to the extent applicable, to enable your attorney to prepare a comprehensive Will written specifically to meet your personal circumstances.

All of this information will be kept strictly confidential.

### **CLIENT 1**

### **CLIENT 2**

**NAME:** .....

No. & Street .....

City, State, Zip. ....

Telephone ..... Home \_\_\_\_\_  
Work \_\_\_\_\_

Social Security # .....

Date of Birth / Age. . .

Employer & Occupation

Citizenship .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN:**

Name .....

No. & Street .....

City, State, Zip. ....

Date of Birth .....

Name .....

No. & Street .....

City, State, Zip. ....

Date of Birth .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS:**

(if living)

No. & Street .....

City, State, Zip .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHERS TO BE NAMED IN YOUR WILL:**

Name .....

No. & Street .....

City, State, Zip .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Do you presently have a Will in effect? YES \_\_\_\_ NO \_\_\_\_ *(If so, please include a copy of such Will with the return of this questionnaire).*
2. Please list your current assets and liabilities below. *(These items will comprise your estate. If additional space is needed, please use last page).*

**ASSETS**

**APPROXIMATE VALUE or Amounts**

in name of \_\_\_\_\_ : in name of \_\_\_\_\_ : in Joint names :

	in name of _____ :	in name of _____ :	in Joint names :
Real Estate (describe)	_____	_____	_____
Savings Accounts	_____	_____	_____
Checking Accounts	_____	_____	_____
Certificates of Deposit IRA's	_____	_____	_____
Bonds	_____	_____	_____
Stocks	_____	_____	_____
Household furnishings Jewelry (of particular value)	_____	_____	_____
Automobiles	_____	_____	_____
Other Personal Property (please itemize)	_____	_____	_____
Property you expect to inherit	_____	_____	_____
Life Insurance*			
Company:	_____	_____	_____
Amount:	_____	_____	_____
Beneficiary:	_____	_____	_____

\* Life Insurance proceeds generally are not controlled by your Will, but rather by who you separately named as a beneficiary in the policy.

**LIABILITIES**

in name of \_\_\_\_\_ : in name of \_\_\_\_\_ : in Joint names :

Mortgages

_____	_____	_____
_____	_____	_____

Bank loans

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other debts

_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. a. Indicate how you wish specific property to be distributed:**

*(e.g. personal effects, real estate, cash, other):*

**PROPERTY**

**TO BE INHERITED BY**

**RELATIONSHIP TO YOU**

**CLIENT #1:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CLIENT #2:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**b. Name who you wish to receive the remainder of your property (*alternate beneficiaries*) :**

**CLIENT #1:**

\_\_\_\_\_

\_\_\_\_\_

**CLIENT #2:**

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any **step-children, out-of-wedlock children or other dependents** that you wish to include equally in your Will as natural born children? Do you have any **adopted children**? Please provide such information, **if applicable**.

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5. If you have children under the age of 21, you may appoint a **Guardian** for them in your Will. A Guardian is a trustworthy person selected by you to be the legal representative and care-giver of any children after your death. Please appoint a **primary Guardian** and an **alternate Guardian** if you have children under the age of 21. The Guardian should preferably be a NY State resident.

	Primary Guardian	Alternate Guardian
Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip...	_____	_____
Relationship .....	_____	_____
Age .....	_____	_____

6. An **Executor** is a trustworthy person selected by you to settle all of your affairs and probate the estate. Please appoint a **primary Executor** and an **alternate Executor** to be named in your Will. (*Your attorney may serve as an Executor if you wish*). The Executor should preferably be a NY State resident.

Client #1 name: _____ /	Primary Executor	Alternate Executor
Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____

Client #2 name: _____ /	Primary Executor	Alternate Executor
Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____

7. A **Living Will** is a legal instrument that allows a competent adult to provide instructions to physicians and hospitals for future medical care if he or she is incapacitated or otherwise unable to make decisions at a future date. Without a Living Will health care providers will be unable to "pull the plug" even if there is a terminal illness or no reasonable expectation of recovery from a hopeless condition.

Do you wish to have a Living Will prepared for you? YES \_\_\_\_ NO \_\_\_\_

8. A **Health Care Proxy** is a legal instrument that allows you to designate an agent now to make any and all necessary decisions about your health care if, and when, you are no longer capable of making decisions for yourself in the future. New York State recently passed a law specifically permitting health care proxies. **Do you wish to have a Health Care Proxy prepared for you?**

YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please appoint a primary Health Care Proxy and an alternate below:

**Client # 1 name:** \_\_\_\_\_ / Primary Health Care Proxy                      Alternate Health Care Proxy

Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____

**Client # 2 name:** \_\_\_\_\_ / Primary Health Care Proxy                      Alternate Health Care Proxy

Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____

9. What is your **annual individual gross adjusted income(s)** approximately?

\$ \_\_\_\_\_    \$ \_\_\_\_\_

10. Do you own any **property in joint names** with anyone other than your spouse / partner? Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

11. Do any of your **beneficiaries owe you money?** Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

12. Are you **presently receiving payments from a trust?** Briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

13. Are you **presently acting as a trustee or executor** of any estate? Briefly describe.

\_\_\_\_\_

**14. Do you presently provide financial support to anyone other than your spouse / partner or minor children? Briefly describe.**

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**15. Have any of your heirs predeceased you?**

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**16. Do any of your heirs have a mental or physical disability?**

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**17. Are you specifically excluding any of your immediate family members as a beneficiary?**

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**18. Are there any special provisions you wish to include in your Last Will, Living Will or Health Care Proxy?**

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**19. Do you have any particular questions about the terms of your Last Will or other legal matters to be addressed in the consultation?**

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20. Do you presently have a **Power of Attorney**? If not, please state who you wish to have as your representative in the event you become temporarily/permanently incompetent or unavailable to transact your own business:

<b>Client #1 name:</b> _____ /	<b>Primary P.O.A.</b>	<b>Alternate P.O.A.</b>
Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____

<b>Client #2 name:</b> _____ /	<b>Primary P.O.A.</b>	<b>Alternate P.O.A.</b>
Name .....	_____	_____
No. & Street .....	_____	_____
City, State, Zip .....	_____	_____
Relationship .....	_____	_____



The legal advice to be rendered by the attorney, and the estate planning options presented for your consideration, will be based upon the personal and financial information provided in this Confidential Will Questionnaire.

*If this information is incomplete or inaccurate, the result may be estate documents which do not fully effectuate your objectives or in some cases the incurring of expenses and/or taxes that otherwise may have been reduced and/or avoided.*

I hereby authorize LAWRENCE KRIEGER, ATTORNEY to prepare the legal documents required to carry out my wishes in accordance with the above information.

**ACKNOWLEDGED :**

<b>CLIENT(S) :</b>	<b>X</b> _____	_____
	Signature	Date
	<b>X</b> _____	_____
	Signature	Date

**Additional Information To Attorney :**