

WILL QUESTIONNAIRE

The information requested below is essential in preparing your Will. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains. If both you and your spouse require estate planning documents and your information is all the same, then you can complete one form. If your information is different, i.e., children or how you wish to dispose of your property, each of you will need to fill out a separate form. It is acceptable to refer us to your spouse's questionnaire regarding long or complex directions that will be the same for both you and your spouse.

1. State your full name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

2. State your address:

Street address: _____

Mailing address: _____

City State Zip Code

Telephone numbers: _____
Home Work Cell

Email address: _____

3. If you are married, state your spouse's full name:

First Middle Last

Date of Birth: _____ Social Security Number: _____

Telephone numbers: _____
Work Cell

If you are not married, are you _____ widowed _____ divorced _____ single

4. If you have children, including adopted children, state the Name, Sex, Date of Birth, and the type of relationship (i.e. biological, step, adopted) for each child:

Full Name	M/F	Date of Birth	Bio/Step/Adopted
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If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? _____

4. Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate property? Yes No If yes, attach copy with any filing data.

Do you and/or your spouse own real property? Yes No

If yes, how is it held? i.e., only in one name, tenants in common or joint tenants with rights of survivorship. If you do not know, please attach a copy of your deeds.

5. Please indicate, by checking the appropriate option, how you want your assets to pass when you die.

_____ **Option A I want my assets to pass to my spouse and children as follows:**

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares. (Are these grandchildren minors? _____)

_____ **Option B I am unmarried with children and want my assets to pass:**

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares. (Are these grandchildren minors? _____)

_____ **Option C None of the above. I want my assets to pass:**

NOTE: A list will be provided with your draft will to give personal property items (i.e., guns, jewelry, antiques) to individuals. This list can be changed at any time.

8. Do you wish to disinherit any child, grandchild, or other person? If yes, you must list their names here.

9. If your children are under eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will. **NOTE: A guardian is a person lawfully invested with the power, and charged with the duty, of taking care of the person who is incapable of doing so because of age or other incapacity.**

PRIMARY GUARDIAN(S)

Name(s) _____
Address _____

If the person or entity listed above is unwilling or unable to serve as guardian, please list an alternate:

SUBSTITUTE GUARDIAN(S)

Name(s) _____
Address _____

If you want the guardian to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually, COLA, salary reimbursement to stay at home, etc.)

At what age(s) do you want the monies to be distributed to your children? List percentages: ___% at ___ years old; ___% at ___ years old; ___% at ___ years old.

Other: _____

10. If you do not wish the appointed guardian to be the conservator of any assets inherited by the minor child/ren, please list the person or entity you wish to act as their financial custodian. You should obtain the consent of that person or entity before executing your Will. **NOTE: A conservator or trustee is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other capacity.**

PRIMARY TRUSTEE(S)

Name(s) _____

Address _____

Relationship (if any): _____

If the person or entity listed above is unwilling or unable to serve as financial trustee, please list an alternate:

SUBSTITUTE TRUSTEE(S)

Name(s) _____

Address _____

Relationship (if any): _____

If you want the conservator to receive a stipend/compensation for taking on the responsibilities of guardian, please set forth the details (e.g. monthly, annually, COLA, etc.)

11. The person charged with administering your estate, paying taxes and other debts, marshaling, preserving, and managing estate assets and property is called a personal representative (executor). State the name and address of the person you wish to serve in this role. He or she must be a United States resident. (Executor/Personal Representative)

Spouse first? Yes No

Successor or if not spouse:

PRIMARY SUCCESSOR

Name(s) _____

Address _____

Relationship (if any): _____

If the person listed above is unwilling or unable to serve as personal representative, please list an alternate:

SUBSTITUTE SUCCESSOR

Name(s) _____

Address _____

Relationship (if any): _____

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)?

Yes No

Execution of a Will is the best way to determine how your property will be distributed, however, it cannot address important issues regarding health care decisions. You may want to discuss the functions of a Health Care Power of Attorney and a Living Will with our office. These issues should be discussed prior to signing these documents with the person named as agent.

If you become incapacitated, who do you want to make health care decisions for you?
(Should list at least two people)

Spouse first? Yes No

Successor or if not spouse:

Name(s) _____

Address _____

Telephone numbers: _____

Home

Work

Cell

Relationship (if any): _____

If you revoke your Representative's authority; or your Representative becomes unwilling or unable to act for you; or your Representative is your spouse and you become legally separated or divorced, please list an alternate:

Name(s) _____

Address _____

Telephone numbers: _____

Home

Work

Cell

Relationship (if any): _____

My Agent's authority to make health care decisions for me takes effect at the following time (please select one):

_____ Effective Immediately

_____ My Agent's authority becomes effective only when my attending physician or attending advanced practice registered nurse determines that I lack the capacity to make my own health care decisions.

Once this Montana Health Care Power of Attorney is drafted for you, there will be additional decisions that will need to be made and the form completed prior to signing the final version.

In addition to a Last Will and Health Care documents many individuals ask to receive a General Durable Power of Attorney that becomes effective upon incapacitation. This document allows an individual's designated 'Attorney-In-Fact' to act for him/her in all financial matters during any time that the individual is incapacitated due to medical or other problems.

The Attorney-In-Fact will have full control over your financial future; therefore, you need to make sure only to select trustworthy individuals to act in such an important capacity for you.

Do you want a General Durable Power of Attorney? Yes No

If yes, then who do you wish to be your Attorney-In-Fact?

SUCCESSOR/PRIMARY ATTORNEY-IN-FACT

Name(s) _____

Address _____

Relationship (if any): _____

If the person listed above is unwilling or unable to perform these duties, please list an alternate:

SUBSTITUTE TRUSTEE(S)

Name(s) _____

Address _____

Relationship (if any): _____

If there is any other information you think would help us prepare your Will, please include below or on a separate sheet of paper and attach it to this questionnaire.

Further, upon my/our death, I/We authorize the Law Office of J. Tiffin Hall to distribute a copy of my Last Will and Testament to the following people:

1. _____

2. _____

3. _____

Confirmation of information and instructions. I confirm the information provided by me in this questionnaire is complete and accurate, and that the instructions I am providing reflect my wishes.

Signature

Date

Signature

Date

HUSBAND-WIFE CONFLICT AGREEMENT AND WAIVER

Although it is customary for a husband and wife to employ the same law firm for their estate planning, a husband and wife may have conflicting interests with regard to these matters. As we proceed, you will be making decisions that affect your property rights and those of your spouse. There may be a substantial conflict in the determination of what is community property, quasi-community property, or separate property. The determination may be more beneficial for one of you than the other. The possibility of divorce and the certainty of death must be taken into account. Our recommendations made during the course of your estate planning could affect the income, property and support provisions in a divorce; those recommendations may also affect the survivor's rights after one of you dies. The fact that you may not agree upon the beneficiaries of your estate must also be considered a conflict.

If we represent both of you, we must try to balance all factors, and cannot be an advocate for either of you. If the two of you have a difference on opinion concerning your estate plan, we can point out the advantages and disadvantages of each position, but we cannot advocate for one position over the other.

Furthermore, because we will be representing both of you, we must obtain confidential information from each of you. Between the two of you, we cannot keep this information confidential. Matters that one of you might discuss with us will not be protected by the attorney-client privilege from disclosure to the other. The Rules of Professional Conduct prohibit us from agreeing with either of you to withhold information from the other. Of course, anything either of you discusses with us is privileged from disclosure to third parties. You are each welcome to have your own counsel for any part or for all of these matters. Either of you may also forbid our firm from being involved in any way on behalf of the other.

We have no reason to expect that any of these problems will actually arise between you, but we have an ethical responsibility to inform you of actual and potential conflicts and to advise you of the advantages of retaining separate counsel.

I have read this Agreement and understand that there are conflicts of interest between myself and my spouse in the matter of our estate planning. I consent to having J. Tiffin Hall represent both of us in our estate planning. I waive any conflict of interest arising from having the same attorney represent us both, and agree that J. Tiffin Hall has my consent to represent my spouse and me in connection with our estate planning. If I wish to have separate counsel or desire you not to be involved at all, I shall notify you. I understand that, where you are representing both of us on the same matter, as between my spouse and I and you, there are no confidential communications.

Signature

Date

Signature

Date