Will Questionnaire

U.S. Members

Please Note: After completing this Will Questionnaire, mail it directly to the Provider Law Firm in your state.
WHAT YOU’LL NEED TO FILL THIS OUT:

- Copy of your Prenuptial Agreement (if applicable)
- Names and birthdates of your children and grandchildren (if applicable)
- The name and contact information of the person you’ve chosen to be guardian of your child(ren), the trustee(s) of their estate, and your personal representative/executor
- To best serve you in completing your Will for estate tax purposes, you’ll be asked to provide the approximate dollar amount of such items as: your home, other real estate, bank accounts, vehicles, retirement plans, life insurance policies, and debts such as mortgages, loans, medical or others over $5,000

HELPFUL INFORMATION BEFORE YOU GET STARTED:

- This Will Questionnaire is NOT your Will. It will help your Provider Law Firm prepare your Will. All questions applicable to you MUST be completed in their entirety in order to have your Will prepared.
- If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains.
- If you have questions while filling out this form, don’t hesitate to call your Provider Law Firm at the number on your membership card.
- If you need the number to your firm, call Pre-Paid Legal Customer Care at 1-800-654-7757 (7 am - 7 pm, Mon-Fri, Central Time).

1) Full name (first, middle, last)

______________________________

All other names by which you have been known:

______________________________

Membership Number __________________

Age _____ Date of Birth (DOB) _________ Sex ☐ Male ☐ Female

Are you a US citizen?* ☐ Y ☐ N If no, country of citizenship __________

2) Current residence

Street address ___________________ City ______________

County or Parish ________________ ST __________ ZIP __________

Home Phone ___________________ Work Phone ______________

3) If you are married, your spouse’s full name

(first, middle, last, maiden) ______________________________

Spouse’s SSN ___________________ DOB __________________

Date of marriage _______________ Place of marriage _______________

Are you currently living with your present spouse? ☐ Y ☐ N

4) Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate spousal property? ☐ Y ☐ N ☐ N/A

If yes, attach copy with any filing data.

* Non-citizen estate taxation varies from taxation for US citizens.
5) If either you or your spouse has been divorced, please answer the following. If not applicable, please go to question #6.

Date of marriage ________________________________

Date of divorce judgment ________________________________

Court rendering judgment ________________________________

Date of spouse’s death (if applicable) ________________________________

6) Have you or your spouse created any trusts or made gifts through trusts to others? If yes, describe and include a copy. If not applicable, go to question #7.

7) Do you or your spouse expect any inheritance? If yes, state from whom and how much. If not applicable, please go to question #8.

8) If you have children, including adopted children, state the following for each child. If you do not have children, please go to question #15.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Son/ Daughter</th>
<th>Date of birth</th>
<th>Child of current marriage? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9) a. Deceased biological or legally adopted children if applicable.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Son/ Daughter</th>
<th>Date of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Deceased child’s living children if applicable:

<table>
<thead>
<tr>
<th>Full name</th>
<th>Son/ Daughter</th>
<th>Date of birth</th>
<th>Parent’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10) If you have stepchildren, do you want them treated the same as your natural born or legally adopted children in your Will? Y Y N N/A

If yes, state the following for each:

<table>
<thead>
<tr>
<th>Full name</th>
<th>Male/Female</th>
<th>Date of birth</th>
<th>Parent’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11) If you have grandchildren, state the following for each. If not, go to question #12.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Parent’s Name</th>
<th>Grandson/ Granddaughter</th>
<th>DOB</th>
<th>Living? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dear Pre-Paid Legal,

I’m writing to thank you for your firm’s excellent preparation of my Last Will and Testament. [My lawyer] has been very professional, knowledgeable, and responsive to my calls and questions. Due to his excellent service, I am pleased to continue using Pre-Paid Legal and to recommend it to friends, family, and business associates.

Sincerely,
Member, Florida
12) Are any of your children or other beneficiaries mentally or physically disabled or have special needs? [ ] Y [ ] N If so, note any special provisions:

________________________________________________________________________________________

________________________________________________________________________________________

If so, are they presently receiving, or do you anticipate that they may apply for, SSI benefits in the future? [ ] Y [ ] N Note: If you leave a bequest, not left to a qualified trust, the recipient might be disqualified from SSI benefits.

13) If your children are under age eighteen (18), state the following for the person you wish to act as their guardian (custodian) in the event of your death or in case of the joint death of you and your spouse (if married). You should obtain the consent of that person(s) before executing your will. If you do not have any minor children, please go to question #15.

Name(s)__________________________
Address __________________________
Relationship ________________________

If at the time of your death the person(s) named above is/are unwilling to serve as guardian (custodian), please list an alternate:

Name(s)__________________________
Address __________________________
Relationship ________________________

14) Do you want the appointed guardian also to be the trustee (conservator) of any assets inherited by the minor children? [ ] Y [ ] N

At what age would you like your children to take control from the trustee of any inherited assets? (Must be at least 18 years old.) _______ years old

If no, 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.

Name(s)__________________________
Address __________________________
Relationship ________________________

Please list an alternate in case this person is unwilling or unable to serve:

Name(s)__________________________
Address __________________________
Relationship ________________________
15) Indicate how you want your assets to pass when you die.

Please check the ONE option you prefer:

- **Option A**  
  I want my assets to pass to my spouse and children as follows:
  - To my spouse, if surviving.
  - If my spouse predeceases me, my assets will be divided in equal shares to my children.
  - If any of my children predecease me, that child’s share shall be distributed to his or her children in equal shares.
  - In the event my spouse and all of my children and descendents fail to survive me, I want my assets to be distributed as follows:

- **Option B**  
  I am unmarried with children and want my assets to pass as follows:
  - In equal shares to my children.
  - If one or more of my children predecease me, that child’s share in my estate is distributed to his or her children in equal shares.
  - In the event all my children and descendents fail to survive me, I want my assets to be distributed as follows:

- **Option C**  
  None of the above. I want my assets to pass as follows:

**for your information:**

**JOINT TENANTS WITH RIGHT OF SURVIVORSHIP**

If you own property jointly with another person as “joint tenants with right of survivorship,” your interest in that property will pass to the survivor upon your death. It will not pass according to the terms of your will. If you own property jointly with another person without right of survivorship, your interest in that property will pass according to the provisions in your will. **Note: ID and LA residents, contact your Provider Law Firm for information particular to your state.**

**joint tenants with right of survivorship n.**

A single property owned by two or more persons, under one title, with equal rights to the property. At the death of one joint tenant, the property transfers to the surviving tenant.

**for your information:**

**BENEFICIARY DESIGNATIONS**

You should know that decisions you have already made regarding title to property will determine distribution of that property in the future. Will provisions cannot alter those decisions. A beneficiary designation is a binding contractual obligation and a Will provision will not alter that designation.

Beneficiary designations in life insurance policies, retirement plans, annuities, bank accounts with a named “Due on Death” (DOD) beneficiary, etc., will determine who receives those monies upon your death, not your Will.

**for your information:**

**MORTGAGED PROPERTY**

- If you leave to a named beneficiary real/immovable property which is mortgaged, that property will generally pass under your Will to the beneficiary subject to the debt secured by the mortgage.
- If you wish to leave the property free and clear of the mortgage debt, you must include a provision in your Will directing the debt to be paid from the other assets of your estate, provided sufficient assets are available. **Note: LA residents, contact your Provider Law Firm for information particular to your state.**
16) Do you wish to disinherit any children or grandchildren? If so list their names here. If not applicable, please go to question #17.
   Note: In certain states it is not possible to completely disinherit a spouse or minor child. Please contact your Provider Law Firm for more information.

17) 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. Your Provider Law Firm will prepare a Health Care Power of Attorney and Physician’s Directive* at no additional charge if prepared with your Will. *In AL, an Advance Directive for Health Care
   Who would you like to serve as your representative responsible for making sure your health care wishes are carried out?

   Full name ________________________________

   Address ______________________________________

   Phone Number ______________________________

   Please list an alternate in case this person is unwilling or unable to serve:

   Full name __________________________________

   Address ____________________________________

   Phone Number ______________________________

   Please indicate your wishes by checking one box below:
   ❑ I want this person to be able to act on my behalf immediately.
   ❑ I want this person to be able to act on my behalf only upon certification by a doctor that I am no longer able to make decisions and act for myself.

18) If married and your spouse is still alive, do you want your spouse to serve as your personal representative/executor*? ❑ Y ❑ N
   *Louisiana & Missouri residents, see back cover.

   Please list an alternate below. If not married or you wish to appoint someone other than your spouse, please indicate below.
   Note: If you wish to name a non-U.S. resident, please contact your Provider Firm.

   Full name __________________________________

   Address ____________________________________

   Please list an alternate in case this person is unwilling or unable to serve:

   Full name __________________________________

   Address ____________________________________

   Do you wish to waive the fiduciary bond requirement? ❑ Y ❑ N

19) Many people make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and would like to leave it to a specific person, please complete the following.
   Note: In question #15 you indicated how you would like your assets to pass. Please fill out this question ONLY if you desire items with specific or sentimental value be left to a specific person. (Include a separate sheet of paper if necessary.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Special Identifying Features</th>
<th>Recipient</th>
</tr>
</thead>
</table>
20) List the estimated value of your assets as of today's date. Include the dollar amount in the appropriate column(s).

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Assets</td>
</tr>
<tr>
<td>a. Home</td>
<td></td>
</tr>
<tr>
<td>b. Other real estate*</td>
<td></td>
</tr>
<tr>
<td>c. Checking, savings, or credit union accounts &amp; certificates</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>d. Automobiles &amp; Other Vehicles</td>
<td></td>
</tr>
<tr>
<td>e. Stocks, Mutual funds &amp; other investments</td>
<td></td>
</tr>
<tr>
<td>f. Interest in a business</td>
<td></td>
</tr>
<tr>
<td>g. Qualified retirement plans (e.g. 401k plan)</td>
<td></td>
</tr>
<tr>
<td>h. Life Insurance Policies</td>
<td></td>
</tr>
<tr>
<td>i. Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
</tr>
</tbody>
</table>

* Indicate whether in state or out of state.

21) List your estimated debt in each category as applicable. Include the dollar amount in the appropriate column(s).

<table>
<thead>
<tr>
<th>DEBTS</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Debts</td>
</tr>
<tr>
<td>a. Mortgages on home, car, etc.</td>
<td></td>
</tr>
<tr>
<td>b. Signature Loan at Bank</td>
<td></td>
</tr>
<tr>
<td>c. Medical or other expenses</td>
<td></td>
</tr>
<tr>
<td>d. Other debts over $5,000</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
</tr>
</tbody>
</table>

Confirmation of information and instructions:
I confirm the information provided by me in this form is complete and accurate and that the instructions I have provided reflect my wishes.

Signature ______________________ Print name ______________________
Date _______________ Phone number to call if questions ________

for your information:
FEDERAL ESTATE TAXES
If you have a taxable estate with a market value in excess of:
• $1,500,000 in 2004 and 2005
• $2,000,000 in 2006, 2007 & 2008 or
• $3,500,000 in 2009 at the time of your death, your estate may be subject to estate tax at your death or later at the death of your spouse.

Your taxable estate may include all life insurance on your life and all joint tenancy property. Tax laws are constantly changing. If your taxable estate is larger than $1,000,000 you should consult with your Provider Law Firm regarding advanced tax planning tools available at a discounted rate.

for your information:
STATE INHERITANCE TAXES
Your estate could be subject to state inheritance tax even if it isn't subject to federal taxation. Please ask your Provider Law Firm for further clarification.

pro bate n.
The judicial determination of the validity of a Will.

for your information:
PROBATE
Many people think that if their loved one had a Will prepared, they will be able to avoid the probate process. This is not necessarily the case. Please ask your Provider Law Firm for details about your state.

You have now completed your Will Questionnaire! Please see instructions on back for final steps on how to get your Will prepared.
Your Pre-Paid Legal Plan Will Questionnaire

To have your Will prepared:

1. After completing the Will Questionnaire, mail it to your Provider Law Firm.

   If you need to include additional information to this questionnaire, please include a separate sheet of paper. If you need your Provider Law Firm’s address, please call their number on your membership card, or call Pre-Paid Legal Customer Care toll-free at 1-800-654-7757. Use one stamp for each Will Questionnaire you send in.

   They will prepare your Last Will & Testament based on the confidential information you provide in your Will Questionnaire. If they need additional info from you while completing your Will, they’ll call you.

2. Your Provider Law Firm should mail you your completed Will within ten (10) business days of when they receive your completed Will Questionnaire.

   You’ll also receive instructions from your Provider Law Firm on how to have your Will finalized.

3. Safeguard your Will and make a copy for your executor.

   Store your Will in a safe place with other important legal documents. Please remember that you—not your Provider Law Firm—are responsible for the safekeeping of your Will.

*Louisiana & Missouri Residents:* Under law, the Personal Representative serves with Court supervision. Certain actions can be taken by your Personal Representative only after obtaining Court approval, including the sale or transfer of any real estate which is part of your estate. However, you can waive certain Court supervision by electing “Independent Administration” of your estate. By electing “Independent Administration” the expenses associated with probate administration may be lessened. However, because there is less Court supervision, there is a greater chance of dishonesty by the Personal Representative and they must secure the service of an attorney on legal questions arising in connection with the administration of the estate.

Do you wish to elect “Independent Administration” for your estate?   [ ] Y  [ ] N