



BALLO & BEDELL
ATTORNEYS AT LAW

ESTATE PLANNING QUESTIONNAIRE

(Please fill out questionnaire to the best of your ability in preparation for our meeting.)

I. PERSONAL INFORMATION

A. Legal Name (Name on license):

B. Mailing Address: _____

C. Citizenship: _____ D. Telephone No.: _____

E. D.O.B.: _____ F. Email Address: _____

G. Marital Status: _____ H. Previously Married: Yes / No

I. Ended: Widowed / Divorced J. Children from previous marriage: Yes / No

K. Children adopted or out of wedlock: Yes / No

L. How would you like us to send you your draft documents? Email / Mail

M. Would you like us to keep your original documents? Yes / No

Original documents can be stored free of charge in our locked, fireproof safe

PERSONAL INFORMATION (Spouse or Domestic Partner)

A. Legal Name (Name on license):

B. Mailing Address: _____

C. Citizenship: _____ D. Telephone No.: _____

E. D.O.B.: _____ F. Email Address: _____

G. Marital Status: _____ H. Previously Married: Yes / No

I. Ended: Widowed / Divorced J. Children from previous marriage: Yes / No

K. Children adopted or out of wedlock: Yes / No

L. Children (Please indicate if they have predeceased):

Name	Date of Birth (if minor)	Current City, State

M. Pets: Yes / No

If yes, describe briefly if you have plans for your pet(s) upon your death:

II. BACKGROUND INFORMATION

A. Do you or any of the persons you intend to provide for in your will have any special physical, mental or emotional, or financial problems? (Explain)

B. Have you or your spouse, while married, ever lived in any of the following places (all of which have “community property” laws) – Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Puerto Rico, any foreign country? Yes / No

C. Do you or your spouse, normally spend part of the year living in another state or country (including the states above)? Yes / No

D. Do you own any real estate in any other state besides Maine? Yes / No

E. Do you expect to receive a substantial inheritance in the future? Yes / No

F. Are you the beneficiary of, or have you created, any trusts? Yes / No
(If you answered yes above, please provide copies.)

G. Do you have any extraordinary medical condition that may require long term care? Yes / No

III. ADMINISTRATIVE INFORMATION

A. If you have made a Will or Trust before, please provide a copy of it.

B. Describe briefly how you wish your estate to be divided upon your death?

C. If your beneficiaries include your children, do you wish the share of any predeceasing child to pass directly to their children (i.e. your grandchildren) or remain with your living children?

D. If you plan to name anyone as a beneficiary who is a minor, there will be a simple trust in your will to protect the assets. At what age would you want the beneficiary to receive their inheritance without any supervision?

(i.e.) Age 18 / 21 / 25 / 30 Other: _____

E. Personal Representative (*Refer to page four on will information pamphlet.*)

First Choice: (If choosing your spouse or would like agents to co-serve, please indicate.)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

F. **Personal Representative** (Spouse or Domestic Partner)

First Choice: (If choosing your spouse or would like agents to co-serve, please indicate.)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

G. **Guardian of minor children**, if applicable (If both you and your spouse were deceased)

First Choice:

Name(s): _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name (s): _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name (s): _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

H. If choosing a couple, do you require the guardians of your children to be married at the time of appointment? Yes / No

IV. DURABLE POWER OF ATTORNEY

(See page six of will information pamphlet.)

If you were alive but disabled and had to have someone else handle your financial and personal affairs, who would you select?

First Choice: (If choosing your spouse or would like agents to co-serve, please indicate.)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

First Choice: (Spouse or Domestic Partner)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

V. ADVANCED HEALTH CARE DIRECTIVE

(See page seven of will information pamphlet.)

A. If you were terminally ill and in a persistent vegetative state (i.e. "brain dead") or otherwise unable to communicate would you want to have the respirator and other machinery keeping you alive disconnected? Yes / No

B. Would you like to appoint someone to make these wishes known to your doctors?

First Choice: (If choosing your spouse or would like agents to co-serve, please indicate.)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

C. Do you wish to be cremated? Yes / No

If you answered yes above, where do you wish your ashes to be kept, scattered, or buried?

Do you believe your family may have trouble carrying out this request? Yes / No

D. Do you wish to leave anything to charity? Yes / No

E. Do you wish to be an organ donor? Yes / No

If you wish to be an organ donor, please cross out any purposes you wish to limit:

Transplant, Therapy, Research, Education

Any other additional limitations: _____

Advanced Health Care Directive (Spouse or Domestic Partner)

F. If you were terminally ill and in a persistent vegetative state (i.e. “brain dead”) or otherwise unable to communicate would you want to have the respirator and other machinery keeping you alive disconnected? Yes / No

G. Would you like to appoint someone to make these wishes known to your doctors?

First Choice: (If choosing your spouse or would like agents to co-serve, please indicate.)

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 1:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

Alternate 2:

Name: _____

Relationship, if any, to you: _____

Physical Address (City, State): _____

H. Do you wish to be cremated? Yes / No

If you answered yes above, where do you wish your ashes to be kept, scattered, or buried?

Do you believe your family may have trouble carrying out this request? Yes / No

I. Do you wish to leave anything to charity? Yes / No

J. Do you wish to be an organ donor? Yes / No

If you wish to be an organ donor, please cross out any purposes you wish to limit:

Transplant, Therapy, Research, Education

Any other additional limitations: _____