



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:

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## 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)

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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?**

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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?

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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 two 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: \_\_\_\_\_