



ESTATE PLANNING QUESTIONNAIRE

We understand this document covers sensitive information and situations. Please let us know if we can answer any questions or help in any way.



BRYAN WYMBS
COUNSELOR AND ATTORNEY AT LAW

Personal Information

Please state full names exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Full name: _____ DOB: _____

Spouse's full name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Best phone number(s): _____ Email: _____

Preferred method of contact: Phone Text E-mail

General Durable Power of Attorney Information

The General Durable Power of Attorney is a document that grants people whom you trust authority to act on your behalf. *Agents* are people you appoint through this document who maintain the power to make decisions on your behalf when you are not present. Agent 1 will have sole power unless he/she is unable to do so; then, the power is given solely to Agent 2, and so on. *The General Durable Power of Attorney* clearly outlines those people and the circumstances in question. This document is only used when you are alive.

*You may, but **do not have to**, list multiple Agents.*

Agent 1:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Agent 2:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Agent 3:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Healthcare Power of Attorney Information

Your *Healthcare Power of Attorney*, along with *Advanced Directives* is a document that allows a trusted person to act on your behalf for healthcare decisions, only if that need should arise. You also advise doctors and your agent(s) on your wishes regarding end-of-life care with this document. *Healthcare Agents* are people you appoint who maintain the power to make decisions regarding your health if you are unable to do so. The *Healthcare Power of Attorney* clearly outlines these people, the circumstances in question, and your wishes.

*These people can be, but **do not have to be**, the same as the Agents in The General Power of Attorney. You may, but **do not have to**, list multiple Agents.*

Agent 1:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Agent 2:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Agent 3:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Email: _____

Will Information

Your *Will* is the document that clearly outlines your assets and how you wish to distribute them, as well as who will receive them. In your *Will*, you will appoint various people who have varying roles. Your *Executor* maintains the power to oversee and execute the provisions contained in your will. Their responsibility is to ensure your assets are distributed as specified in your will, as well as pay any debts, taxes court costs and the like.

List any beneficiaries you would like to include, as well as their address and phone number.

Beneficiary 1:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Beneficiary 2:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____

Beneficiary 3:

Full Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone number: _____