

MISSOURI WILL QUESTIONNAIRE

(Standard Will Package for Married Couple with No Minor Children)

Testators (Persons Making The Wills)

Name of husband: _____ Birthdate: _____

Name of wife: _____ Birthdate: _____

Address: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

Family Information

Number of Children: _____ None: _____

Is there any chance of more children in the future ? Yes _____ No _____

(If Yes, please call for Minor Children Will Questionnaire)

<u>Full Name</u>	<u>Address</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children from more than one marriage ? Yes _____ No _____

(If Yes, please arrange for a personal appointment as the standard may not be appropriate)

Personal Representative (Executor)

Who do you want to be the personal representative (executor) ? Your PR is responsible for administering your estate. Simply put, they will be responsible for liquidating your assets and distributing the proceeds to your designated beneficiaries. Although your PR does not have to be a Missouri resident, I recommend that you seriously consider how difficult it could be for someone far away to administer your estate.

____ The spouse and one or more successor personal representatives *(This is the most common answer)*

____ The spouse and a co-personal representative

____ One personal representative and one or more successor personal representative

____ Two co-personal representatives. Can they work well together ?

First Choice: _____ *(Most common is Spouse)*

Address: _____

First Successor: _____

Address: _____

Second Successor: _____

Address: _____

Beneficiary & Distribution Information

Are there to be any specific bequests (gifts) of cash or personal property to someone other than your spouse or children? Yes ____ No ____

(If Yes, please arrange for a personal appointment as the standard will is probably not appropriate)

If no, how do you want the remainder of your property to be distributed ?

____ Everything to the spouse and if the spouse has already died then everything to the children in equal shares. *(This is the most common method if there are children)*

If a child dies before you, do you want their share to go to their children, if they have any ?

Yes ____ No ____ *(Yes is the most common answer)*

____ Minimum allowed by law to spouse (disinheriting spouse to the extent permitted by law) and the balance to the children ____ or other beneficiaries ____.

(Please arrange for a personal appointment to discuss legal ramifications)

(If none of the above, please arrange for a personal appointment as the standard will is not appropriate)

If all of the beneficiaries (spouse and children/others) do not survive you, who do you wish to designate as alternate beneficiaries ?

____ Standard distribution which is 50% to your family and 50% to your spouses family. Under state law, each half goes to the following living individuals in the following order: (1) Parents, (2) Brothers/Sisters, (3) Nieces/Nephews/Aunts/Uncles. *(This is the most common method)*

____ Other (Specify) _____

Health Care Directive (Living Will)

Do you want a "living will" authorizing your spouse to withdraw or determine your medical treatment if you are not capable of making your own medical decisions ? Yes ____ No ____

Do you want a second person named if your spouse has predeceased or cannot act? Yes ____ No ____

If yes, please give name of alternate person: _____

Durable Power of Attorney

Do you want a "Durable Power of Attorney" giving your spouse the ability to handle your affairs if you are mentally incapacitated ? Yes ____ No ____

Do you want a second person named if your spouse has predeceased or cannot act? Yes ____ No ____

If yes, please give name of alternate person: _____

To Pay By Credit Card

Type of Credit Card: MasterCard ____ VISA ____

Credit Card Number: _____ Sec Code: ____/____/____

Expiration Date: Month _____ Year _____

Payment Amount: \$195.00 for Standard Will Package

Name on Card: _____

Signature: _____

Mail or fax the completed form with check or credit card payment to:

Greg A. Launhardt

11420 Gravois Road, St. Louis, Missouri 63126, Call (314) 842-1313, Fax (314) 842-7045

greg@accountax-stl.com