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**WILLS AND ESTATE PLANNING QUESTIONNAIRE**

Your Full Name	
Spouse's Full Name	
Address/City/Zip	
County	
Phone	
Your Soc. Sec.	
Spouse's Soc. Sec.	

The following questionnaire has been designed for use in preparing your wills and estate planning. By using this questionnaire, we should be able to get all the information required for completion of a draft of your wills. However, there may be some unique facts and circumstances in your case that require further inquiry in order to properly prepare your wills and estate plan. If this is the case, you may explain further in the space provided at the end of this questionnaire. **ONLY ONE FORM NEEDS TO BE COMPLETED PER COUPLE.**

1. Complete the following information for all family members (including you and your spouse):

Full Name	Relationship	Date of Birth	Address & Phone
	Self		
	Spouse		

2. Are all of these children the natural children of both parents? If not, state relationships.

\_\_\_\_\_

3. State how you want your property to pass upon your deaths (for example – everything to surviving spouse and then equally to children).

\_\_\_\_\_

\_\_\_\_\_

4. At what age do you want your children to receive their property from the trust if both of you have passed away? (age 21, 23, 25, etc.)
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5. Whom do you want as your **PERSONAL REPRESENTATIVE**? The Personal Representative is the person who has authority upon your death to gather up all of your assets and make sure that they pass in accordance with your will. He/she will have the legal authority to hire attorneys and accountants to complete the probate and administration of your estate. Possible choices would be spouse, parents, brothers, sisters, adult children, trusted friends, or a bank trust department. Give three choices:

PERSONAL REPRESENTATIVE	
First	
Second	
Third	

6. Whom do you want as **TRUSTEE**? The Trustee is the person or entity who will administer the trust established under the will for your minor children. The same choices apply here as for the Personal Representative, except this person should know how to handle money. If you do not have minor children, this section likely will not apply to you. Give three choices:

TRUSTEE	
First	
Second	
Third	

7. Whom do you want as **LEGAL GUARDIAN** for your children? Spouse would be first choice. It is not necessary to list couples. The better practice is to only list your relative and not your in-law because of the possibility of divorce. If you do not have minor children, this section likely will not apply to you. Give two choices in addition to your spouse:

LEGAL GUARDIAN	
First	
Second	
Third	

8. Whom do you want to have your **FINANCIAL POWER OF ATTORNEY**? The person whom you designate to have your power of attorney is able to act for you in the event you become legally incapacitated, unable, or unwilling to conduct your business affairs. The designation of this person will eliminate going to court to have a guardian or conservator appointed if you are incapacitated. (Charge for one - \$75; charge for two \$100.) Give two or three choices. Your spouse is a logical first choice.

FINANCIAL POWER OF ATTORNEY			
	FULL NAME	COUNTY	STATE
First			
Second			
Third			

9. Whom do you want to have your **HEALTH CARE POWER OF ATTORNEY**? The person whom you designate to have your power of attorney is able to act for you in the event you become legally incapacitated, unable, or unwilling to conduct your health care affairs. The designation of this person will eliminate going to court to have a guardian or conservator appointed if you are incapacitated. (Charge for one - \$75; charge for two - \$100.) Give two or three choices. Your spouse is a logical first choice.

<b>HEALTH CARE POWER OF ATTORNEY</b>			
	<b>FULL NAME</b>	<b>ADDRESS/CITY/STATE/ZIP</b>	<b>PHONE NO.</b>
First			
Second			
Third			

10. Would you like a **LIVING WILL** prepared that would state your intentions in the event that you are being kept alive artificially with no chance of recovery as determined by two physicians familiar with your condition? (Charge for one - \$75; charge for two - \$100.)

<b>LIVING WILL</b>	
Yes <input type="checkbox"/> Number needed:	No <input type="checkbox"/>

11. Do you have any specific bequests to any non-family members? (for example – friends, relatives, charities). If so, state full name and amount of bequest.

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12. Are there any unique facts or circumstances in your case that require further inquiry regarding your estate plan? If so, please state:

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**ADDITIONAL COMMENTS:**

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If you have any questions regarding the completion of this questionnaire, please contact:

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