

DATE

WILLS QUESTIONNAIRE FORM



TESTATOR DETAILS				
Full Name <i>including any middle names:</i>				
Date of Birth				
Address:				
Contact Number;				
Email Address:				
Marital Status:				
Occupation:				
EXECUTOR DETAILS				
<i>The person appointed to carry out your will</i>				
Name:				
Address:				
Date of Birth:				
Occupation:				
Relationship to you:				
<i>Do you want joint Executors? If yes, please provide answer for the below</i>				
Name:				
Address:				
Date of Birth:				
Occupation:				
Relationship to you:				
SUBSTITUTION EXECUTOR DETAILS				
<i>In the event that the above executors do not survive you or are unable or unwilling to act as your Executor</i>				
Name:				
Address:				
Date of Birth:				
Occupation:				
Relationship to you:				
BENEFICIARY DETAILS				
Please list your beneficiaries	Name	Date of Birth	Relationship	Gift and/or % share of estate

ADDITIONAL QUESTIONS

<p>1. Do you want to leave part of your estate to a charitable organization?</p>	<p><input type="checkbox"/> Yes (go to question 2) <input type="checkbox"/> No (go to question 3)</p>
<p>2. What charitable organization would you like to leave a gift to</p>	
<p>3. Do you want to appoint a guardian for your children if they are under 18 years of age</p>	<p><input type="checkbox"/> Yes (go to question 4) <input type="checkbox"/> No (go to question 5)</p>
<p>4. Who do you want to appoint as guardian for your children?</p>	
<p>5. Do you wish to be cremated?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Do you have any other directions you wish to give to your executor?</p>	