



Confidential Will Questionnaire

Wills For Warriors

ASKIN & HOOKER, LLC ATTORNEYS AT LAW

200 Woodport Road
Sparta, NJ 07871
(973) 729-7711

DATE: _____

Please provide your responses to the following questions in the space provided below. If a question does not apply to your situation, please feel free to leave the answer blank or enter NA.

How were you referred to Askin & Hooker, LLC?

Referred by: (individual, website, yellow pages, display ad, email, flyer, billboard, reputation, etc.)

Part One. Personal Information

Veteran's Name: _____

Home #: _____

Street Address: _____

Cell #: _____

City: _____ State: _____ Zip: _____

Work #: _____

Township: County: _____

Email: _____

DOB: _____

Alias Names: _____

Are you a U.S. Citizen? _____

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Current Health

Spouse's Name: _____

Home #: _____

Street Address: _____

Cell #: _____

City: _____ State: _____ Zip: _____

Work #: _____

Township: _____ County: _____

Email: _____

DOB: _____

Alias Names: _____

Are you a U.S. Citizen? _____

Current Health

Has either spouse had a previous marriage? Yes No

If yes, please provide the name of the former spouse and the date the marriage terminated. Please indicate if the former marriage ended due to divorce or death of the former spouse.

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Children's Information

NAME	Child of Husband/ Wife/Both	Age	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does either spouse have any stepchildren? Yes No

If yes, please provide the name of the child(ren)'s other birth parent _____

Do you have any adopted children? Yes No

Do any of your children or beneficiaries have severe health problems? Yes No

If, yes, please describe. _____

Do any of your children or beneficiaries currently receive state benefits or governmental assistance such as SSI, SSDI, Medicaid etc? Yes No

What benefits are they currently receiving? Please check all appropriate boxes.

SSI SSDI Medicaid Medicare Other _____

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Do you anticipate that any of your children or beneficiaries will receive or qualify for state benefits or governmental assistance in the future? Yes No

Grandchildren's Information

NAME

Age

Parents' Names

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do your Total Combined Estate Assets exceed \$2,000,000 in net value? YES/NO

Do your Total Combined Estate Assets exceed \$10,900,000 in net value? YES/NO

Part Two. Last Will and Testament

Does the Veteran presently have a Will or other Estate Planning Documents?

Please attach if copy available.

Yes No

Does the Veteran's Spouse presently have a Will or other Estate Planning Documents?

Please attach if copy available.

Yes No

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Executor

Please provide the following information for the person (and any alternates) that will be responsible for probating your will, collecting your assets, paying any debts, filing any estate taxes, and distributing to any beneficiaries any assets which remain.

Veteran

Name of Executor: _____ Relationship: _____

Address _____

1st Alternate Executor: _____ Relationship: _____

Address: _____

2nd Alternate Executor: _____ Relationship: _____

Address: _____

Spouse

Name of Executor: _____ Relationship: _____

Address _____

1st Alternate Executor: _____ Relationship: _____

Address: _____

2nd Alternate Executor: _____ Relationship: _____

Address: _____

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Trustee

A Trustee is required if there are any minor beneficiaries (children/grandchildren), or if specific trusts have been established to provide for the benefit of any beneficiaries. Keep in mind when a trust is being established for your minor child(ren), you as parents are deceased. Please provide the following information for the person (and any alternates) that will be responsible for the long-term management of the property distributed to any surviving beneficiary that will be held in trust.

Veteran

Name of Trustee: _____ Relationship: _____

Address _____

1st Alternate Trustee: _____ Relationship: _____

Address: _____

2nd Alternate Trustee: _____ Relationship: _____

Address: _____

Spouse

Name of Trustee: _____ Relationship: _____

Address _____

1st Alternate Trustee: _____ Relationship: _____

Address: _____

2nd Alternate Trustee: _____ Relationship: _____

Address: _____

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Guardian of Minor Children

Please provide the name of the person (and any alternates) that you wish to take custody of your children should both parents die.

Veteran

Name of Guardian: _____

Relationship: _____

Address: _____

1st Alternate Guardian: _____

Relationship: _____

Address: _____

2nd Alternate Guardian: _____

Relationship: _____

Address: _____

Spouse

Name of Guardian: _____

Relationship: _____

Address: _____

1st Alternate Guardian: _____

Relationship: _____

Address: _____

2nd Alternate Guardian: _____

Relationship: _____

Address: _____

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DISPOSITIONS

Please answer the following questions relating to how to distribute your estate upon your death.

Veteran

Upon your death, do you want your property distributed to your spouse, and if your spouse has predeceased you, equally to your children? Yes No

If no, please indicate how your estate should be distributed: _____

If your children are your beneficiaries, how do you want the property distributed? Do you want your children's share of your estate to go into Trust? At what age do you want your children to receive their share of your estate?

- Outright
- In Trust until the age _____, then outright (Suggested 21 or 23 years of age)
- In Trust, with percentages distributed at various ages:
- _____ Percent distributed at age, (Suggested 25 years of age or graduation from college)
- _____ Percent distributed at age, (Suggested 28 years of age)
- _____ Percent distributed at age, (Suggested 30 years of age)
- Remaining share distributed at age _____, (Suggested 32 years of age)

If any of your children predecease you, would you like his or her share of your estate to pass to his or her children OR to your surviving children?

- His or Her Children
- Divided amongst your Surviving Children

Do you wish to leave anything to charity? Yes No

Please identify which charity, for what purpose, and for what amount. _____

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Spouse

Upon your death, do you want your property distributed to your spouse, and if your spouse has predeceased you, equally to your children? Yes No

If no, please indicate how your estate should be distributed: _____

If your children are your beneficiaries, how do you want the property distributed? Do you want your children's share of your estate to go into Trust? At what age do you want your children to receive their share of your estate?

Outright

In Trust until the age _____, then outright (Suggested 21 or 23 years of age)

In Trust, with percentages distributed at various ages:

_____ Percent distributed at age _____, (Suggested 25 years of age or graduation from college)

_____ Percent distributed at age _____, (Suggested 28 years of age)

_____ Percent distributed at age _____, (Suggested 30 years of age)

Remaining share distributed at age _____, (Suggested 32 years of age)

If any of your children predecease you, would you like his or her share of your estate to pass to his or her children OR to your surviving children?

His or Her Children

Divided amongst your Surviving Children

Do you wish to leave anything to charity?

Yes No

Please identify which charity, for what purpose, and for what amount.

Veteran _____

Date _____

Spouse _____

Date _____