WILL PREPARATION QUESTIONNAIRE

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I. EXISTING DOCUMENTS

- Have you executed a Will? Yes [ ] No [ ]
- Have you executed a Power of Attorney? Yes [ ] No [ ]
- Have you executed a Health Care Proxy? Yes [ ] No [ ]
- Have you executed a Living Will? Yes [ ] No [ ]

If you have answered "yes" to any of the above questions, please provide our office with a copy of said document.

II. GENERAL INFORMATION

YOUR INFORMATION

1. Your Full Name (including aliases):

   _____

2. Your Address:

   _____

3. Your Telephone Numbers:
   - Home: _____
   - Work: _____
   - Cell: _____

4. Your Email Address: _____

5. Your Date of Birth: _____

YOUR SPOUSE / PARTNER'S INFORMATION

1. Your Spouse / Partner's Full Name (including aliases):

   _____

2. Your Spouse / Partner's Address:

   _____

3. Your Spouse / Partner's Telephone Numbers:
   - Home: _____
   - Work: _____
   - Cell: _____

4. Your Spouse / Partner's Email Address: _____

5. Your Spouse / Partner's Date of Birth: _____

MARITAL INFORMATION

- Are you married? Yes [ ] No [ ]
- Have you ever been married? Yes [ ] No [ ]
- Are you divorced? Yes [ ] No [ ]
- Are you a widow(er)? Yes [ ] No [ ]
- Have you had a civil partnership dissolved? Yes [ ] No [ ]
- Do you have a pre-marital (prenuptial) agreement with your Spouse / Partner? Yes [ ] No [ ]

CHILDREN

1. Please list all of your children. If they are deceased or disabled, please indicate.

Name	Date of Birth	Deceased / Disabled?
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled

GRANDCHILDREN

1. Please list all of your grandchildren. If they are deceased or disabled, please indicate.

Name	Date of Birth	Deceased / Disabled?
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled
		Deceased / Disabled

_____ Deceased / Disabled

_____ Deceased / Disabled

_____ Deceased / Disabled

_____ Deceased / Disabled

DEPENDENTS, OTHER THAN CHILDREN

(Spouse, Former Spouse, Civil Partner, Former Civil Partner, Co-Habitee, Elderly, Friend, Relative, etc.)

1. Do you have any dependents other than children? Yes [ ] No [ ]
   If so, please state their name(s):
   Name_____
   Name_____
   Name_____
   Name_____
   Name_____
   Name_____

2. Are there any that you **do not** intend to provide for in this Will? Yes [ ] No [ ]
   If so, please state their name(s):
   Name_____
   Name_____
   Name_____
   Name_____
   Name_____
   Name_____

QUESTIONS, COMMENTS, NOTES

_____
_____
_____
_____
_____

III. EXECUTOR(S)

Your Executors will be responsible for collecting and securing your assets, paying your debts, funeral expenses, bills, and any tax obligations your estate may face. In addition, they will distribute your estate in accordance with the terms of your Will.

Generally, a husband and wife or civil partners will usually appoint each other. On the death of the survivor of them, they usually appoint one or two other persons. Your children, if any, may act as an Executor.

If you name more than one executor, you can have them act together or alone.

A Contingent Executor takes the place of an Executor who either is predeceased, dies while serving as your Executor, or fails to qualify as your Executor. If you do not name a Contingent Executor the state may provide one if needed.

Executor:

1. Executor's Full Name (including aliases):

   _____

2. Executor's Address:

   _____

3. Your Relationship to Executor Number 1, if any:

   _____

Co-Executor (Not Required):

Would you like your Executor to work together with a Co-Executor? Yes [ ] No [ ]

1. Co-Executor's Full Name (including aliases):

   _____

2. Co-Executor's Address:

   _____

3. Your Relationship to your Co-Executor, if any:

   _____

Contingent Executor (Not Required):

Would you to name a Contingent Executor? Yes [ ] No [ ]

Please specify whom you would like to serve as your contingent Executor should your Executor(s) predecease you or fail to qualify as your Executor(s).

1. Contingent Executor's Full Name (including aliases):

   _____

2. Contingent Executor's Address:

   _____

3. Your Relationship to Contingent Executor's, if any:

   _____

Co-Contingent Executor (Not Required):

Would you like your Contingent Executor to work together with a Co-Contingent Executor?

Yes [ ] No [ ]

Please specify whom you would like to serve as your contingent Executor should your Executor(s) predecease you or fail to qualify as your Executor(s).

1. Contingent Executor's Full Name (including aliases):

   _____

2. Contingent Executor's Address:

   _____

3. Your Relationship to Contingent Executor's, if any:

   _____

Executor's Compensation and Bonding:

1. Is your Executor(s) to receive a fee for serving as your Executor? Yes [ ] No [ ]

2. Is your Executor(s) to be bonded? Yes [ ] No [ ]

QUESTIONS, COMMENTS, NOTES

_____
_____
_____
_____
_____

V. BEQUESTS (Division of Property under Your Will)

SPOUSE

1. Do you plan to leave **all of your Estate** to your Spouse? Yes [ ] No [ ]
2. If your Spouse is deceased at the time of your death, do you want to:
    - Leave **everything** to your child or children? Yes [ ] No [ ]
        - In equal shares? Yes [ ] No [ ]
        - In some other manor? Yes [ ] No [ ]

Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to _____
Leave_____% or $_____to_____
Leave_____% or $_____to _____

GIFTS TO CHILDREN OR GRANDCHILDREN

1. Do you wish to disinherit (or limit gifts to) a child or grandchild? Yes [ ] No [ ]
   If so, who?

Name_____what_____
Name_____what_____
Name_____what_____
Name_____what_____
Name_____what_____
Name_____what_____

2. Do you plan to leave all or part of your Estate to your child or children? Yes [ ] No [ ]
    - In equal shares? Yes [ ] No [ ]
    - In some other manor? Yes [ ] No [ ]

Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to _____
Leave_____% or $_____to_____
Leave_____% or $_____to _____

3. If a child is predeceased at the time of your death, do you want to leave their share to their child or children (if any)? Yes [ ] No [ ]
    - In equal shares? Yes [ ] No [ ]
    - In some other manor? Yes [ ] No [ ]

Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to _____
Leave_____% or $_____to_____
Leave_____% or $_____to _____

FRIENDS

1. Do you plan to leave all or part of your Estate to a friend? Yes [ ] No [ ]

Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to _____
Leave_____% or $_____to_____
Leave_____% or $_____to _____

SPECIFIC PROPERTY BEQUESTS (i.e. jewelry, property, heirloom)

1. Do you plan to leave something specific to someone in your Will? Yes [ ] No [ ]

Leave_____to_____
Leave_____to_____
Leave_____to_____
Leave_____to_____
Leave_____to _____
Leave_____to _____

If so, please provide the following information for each person if not already provided (if you need more space please use the space at the bottom of this section):

1. Recipient's Full Name (including aliases):

   _____

2. Recipient's Address:

   _____

3. Your Relationship to Recipient, if any:

   _____

LEGATEES (Bequest of a Specific Amount of Money)

1. Do you plan to leave a specific amount of money to someone in your Will? Yes [ ] No [ ]

Leave_____to_____

Leave_____to_____
Leave_____to_____
Leave_____to_____
Leave_____to _____
Leave_____to _____

If so, please provide the following information for each person if not already provided (if you need more space please use the space at the bottom of this section):

1. Recipient's Full Name (including aliases):

   _____

2. Recipient's Address:

   _____

3. Your Relationship to Recipient, if any:

   _____

CHARITY

1. Do you plan to leave all or part of your Estate to a charity? Yes [ ] No [ ]

Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to_____
Leave_____% or $_____to _____

RESIDUARY (The Remainder of Your Estate after All Other Bequests are made)

1. Whom do you plan to leave the rest of your Estate?
   a. _____
2. Whom do you plan to leave the rest of your Estate if the party listed above is deceased prior to your passing?
   a. _____

QUESTIONS, COMMENTS, NOTES

_____
_____
_____
_____
_____

VI. INVENTORY OF YOUR ASSETS

SITUS (LOCATION) OF PROPERTY

1. Is the property covered by your Will in the:
    - United States? Yes [ ] No [ ]
    - A state other than Iowa? Yes [ ] No [ ]
    - International? Yes [ ] No [ ]

PLEASE NOTE that your Will may not effectively pass the property you own, if any, outside of the United States of America. We do not offer advice on foreign assets.

VERIFICATION OF INFORMATION

I have provided answers to the information requested herein to the best of my ability. Based on the information I have provided, please prepare a Simple Will for me.

Signed: _____

Dated: _____