

MONARCH ESTATE PLANNING

Will Questionnaire Form (Married Couple)

Please mail or email the completed form to:

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1. How would you like your names to appear in your legal documents? **NOTE: You may use your middle name or initial.**

Husband: _____
First Middle/Initial Last

Wife: _____
First Middle/Initial Last

Are you known by any other names? _____

2. Address: _____
Street address (Apt.)
- _____
- City State Zip County

3. Phone Numbers:
- Home: _____ Other: _____
- H Mobile: _____ H Work: _____
- W Mobile: _____ W Work: _____

4. Approximate Net Worth:
- Total (excluding life insurance): \$ _____
- Life insurance: Husband \$ _____ Wife \$ _____
- IRA(s): Husband \$ _____ Wife \$ _____

5. List all children and indicate relationship and date of birth. Select **H** for husband's child, **W** for wife's child and **J** for joint child; select **S** for son or **D** for daughter:

<u>Name</u>	<u>Relationship</u> H W J / S D	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List persons who should inherit after you are both deceased. Choose **option 1 or 2** for each heir to describe the person(s) who should inherit that heir's share if he or she doesn't survive you.

<u>Name</u>	<u>Percentage</u>	<u>If Heir Doesn't Survive</u>
_____	_____	1 2
_____	_____	1 2
_____	_____	1 2
_____	_____	1 2
_____	_____	1 2
_____	_____	1 2

1 - If heir doesn't survive, to his/her own children, if any.

2 - If heir doesn't survive, pro rata to other beneficiaries.

7. At what age should an heir get full control of his or her inheritance? **NOTE: Funds will be available before distribution age(s) as needed for education, health care, support and maintenance:** _____ (i.e., age 25)

8. Who should handle estate matters as Personal Representative after you are **both** deceased?

First Choice: _____

Second Choice: _____

Third Choice: _____

9. Who should act as guardian of any minor children? **NOTE: You may list more than one person in any order of priority.**

First Choice: _____

Second Choice: _____

Third Choice: _____

10. Who should handle **financial** matters, during your lifetime, if you are not capable and your spouse is deceased or unavailable? **NOTE: Your spouse is automatically first choice; do not enter spouse's name.**

Husband:

Wife:

First Choice: _____

Second Choice: _____

Third Choice: _____

11. Who should make your **health care** decisions if you are not capable and your spouse is deceased or unavailable? **NOTE: Your spouse is automatically first choice; do not enter spouse's name.**

Husband:

Wife:

First Choice: _____

Second Choice: _____

Third Choice: _____

12. Do you want a living will?

Husband: **Y** **N**

Wife: **Y** **N**

13. Do you wish to donate your organs for transplant?

Husband: **Y** **N**

Wife: **Y** **N**

14. Do you want to be cremated?

Husband: **Y** **N**

Wife: **Y** **N**

15. Is there anything else that is important to you in your estate plan?: _____

Husband's signature

Wife's signature