

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 described 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</u>	
		<u>Doesn't Survive</u>	<u>1</u>

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