

MONARCH ESTATE PLANNING

Will Questionnaire Form (Single Person)

Please mail or email the completed form to:

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

First	Middle/Initial	Last
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Are you known by any other names? _____

2. Address: _____
Street address (Apt.)

City	State	Zip	County
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3. Phone Numbers:

Home: _____ Other: _____

Mobile: _____ Work: _____

4. Approximate Net Worth:

Total (excluding life insurance): \$ _____

Life insurance: \$ _____

IRA(s): \$ _____

5. List all children and date of birth. select **S** for son or **D** for daughter:

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

6. List persons who should inherit after you are 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>	If Heir <u>Doesn't Survive</u>
		1 2
_____	_____	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 deceased?

First Choice: _____

Second Choice: _____

Third Choice: _____

9. Who should act as guardian of any minor children? **NOTE: The other parent will most likely have first priority; your choice may not be given effect unless the other parent is deceased or unavailable. 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?

First Choice: _____

Second Choice: _____

Third Choice: _____

11. Who should make your **health care** decisions if you are not capable?

First Choice: _____

Second Choice: _____

Third Choice: _____

12. Do you want a living will? **Y** **N**

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

14. Do you want to be cremated? **Y** **N**

15. What else is important to you in your estate plan?: _____

Your signature