

SCHRAEDER LAW

DIVORCE ★ FAMILY LAW ★ BANKRUPTCY

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WILL QUESTIONNAIRE

NAME: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____

TELEPHONE: _____ E-MAIL: _____

Normally, all of your property is left to your spouse. If you have no spouse, or if your spouse predeceases you, then your property typically is left in equal shares to your children. If you want a different distribution, talk with your attorney. If you have been married before or have children that are not from this marriage, talk with your attorney.

SPOUSE'S NAME (if applicable): _____

CHILDREN: (List additional children on back of form and check here ⇨ ⇨ ⇨ ☐)

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

You need to choose an individual who will be charged with the responsibility of wrapping up your estate after your death. This person — the **EXECUTOR** — is the usually your spouse, but can be anyone you trust. Examples include your father or mother, son or daughter, lawyer or family friend. The person you choose as executor does not have to be the same person that your spouse selects. Please list your primary executor and one alternate, in case the primary cannot or will not serve when called upon.

EXECUTOR: _____

EXECUTOR'S RELATIONSHIP TO YOU: _____

ALTERNATE EXECUTOR: _____ RELATIONSHIP: _____

If you have minor children, you will need to appoint a **GUARDIAN** for your children should you die before they turn eighteen (18) years of age. Your choice of guardian will be important only if your spouse has predeceased you. If you have children from more than one marriage, please talk to your attorney. You should select a guardian and two alternates. If you choose a couple as the guardian, they should count as only one of your three choices. If you do *not* specify who will raise your children, the court will decide based on those of your relatives or friends who step forward to request possession of your children. Please list your choice of guardians. You do not have to provide alternates.

GUARDIAN NAME(S): _____

GUARDIAN(S)' RELATIONSHIP TO YOU: _____

1st ALTERNATE(S): _____ RELATIONSHIP: _____

2nd ALTERNATE(S): _____ RELATIONSHIP: _____

If you have children and both you and your spouse predecease them, you will need to decide who will control the assets that you leave to the children. This person is the **TRUSTEE**. You may want to use a trustee to manage your assets until your children reach a mature age over eighteen. The trustee might be the same person as the guardian or someone else you trust with your assets. The trustee has the discretion to use the funds from your estate for the benefit of the children for such things as health, education and living expenses. The trustee's job is complete when the assets are transferred to the child at the termination of the trust. You can specify any age for each child to receive his/her inheritance, either in a **LUMP SUM** or in a **THREE-POINT** trust (recommended). A three-point trust would pay one-third of the trust assets to the child at one age, a third at a second age, and the remainder at a third age. These can be any ages you choose. Some recommendations are 20, 25, and 30 years of age, or 20, 30, and 40 years of age. Each child has his/her own trust. Banks have trust departments willing to fill the role of the trustee. Please list your trustees and the trust type you prefer.

TRUSTEE: _____ RELATIONSHIP: _____

1st ALTERNATE: _____ RELATIONSHIP: _____

TRUST TYPE: ☐ LUMP SUM AGE TO PAYOUT: _____

☐ THREE-POINT AGES TO PAYOUT: _____

SPECIFIC BEQUESTS:

You may wish to leave specific items of your property to certain individuals. Please list the items and the person you want to have the item below. These are called specific bequests.

ITEM: _____ NAME: _____

ITEM: _____ NAME: _____

ITEM: _____ NAME: _____

ITEM: _____ NAME: _____

ITEM: _____ NAME: _____

ITEM: _____ NAME: _____

Add more pages, if necessary.

COMMENTS, QUESTIONS, AND NOTES:

OTHER RELATED DOCUMENTS

☐ STATUTORY DURABLE POWER OF ATTORNEY

PRIMARY AGENT: _____ RELATIONSHIP: _____

Address & Phone Number: _____

1st ALTERNATE: _____ RELATIONSHIP: _____

Address & Phone Number: _____

☐ MEDICAL POWER OF ATTORNEY

PRIMARY AGENT: _____ RELATIONSHIP: _____

Address & Phone Number: _____

1st ALTERNATE: _____ RELATIONSHIP: _____

Address & Phone Number: _____

☐ DIRECTIVE TO PHYSICIANS

Add additional Alternate Agents here, if necessary: