

L A W O F F I C E S O F
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WILL QUESTIONNAIRE

Please fill out this questionnaire in preparation for our meeting.

I. Family Information

Full name: _____

Any other names used: _____

Address: _____

Telephone number: _____

E-Mail Address: _____

If applicable:

Spouse's full name: _____

Other names used by spouse: _____

Children's full names (if applicable)

Birth Date

Are there any deceased children? YES / NO

If yes, Full Name of Deceased Child/ren: _____

Full names of brothers and sisters still living (if you have no children):

(Your brothers/sisters)

(Spouse's brothers/sisters)

Full names of parents still living (if you have no children):

(Your parents)

(Spouse's parents)

II Marital History

Were you previously married? YES / NO

If applicable, was your spouse previously married? YES/NO

If divorced, name of spouse:

date of divorce decree:

If widowed, name of spouse:

date of death:

III Estate Planning Documents

Do you have any of the following estate planning documents:

Will: YES / NO

Trust: YES / NO

Power of Attorney for Financial Management: YES / NO

Power of Attorney for Health Care: YES / NO

IV Distribution of Your Estate

How should your personal property (furniture, appliances, furnishings, pictures, china, glass, books, vehicles, etc.) be distributed?

Do you want to give any specific devises to any person(s) (cash, stock, etc.)?

How should the remaining property in your estate be distributed?

Do you wish to specifically disinherit any person(s)? If so, please identify who and explain your reasons:

Name, Address and Telephone number of executor:

Name, Address and Telephone number of alternate executor:

Name(s) of guardian(s) for your minor child/ren (if applicable):

Name of alternate guardian(s):
