

CAHILL LAW FIRM, P.A.
Estate Planning Questionnaire
Confidential

Dated: _____

Name of Client: _____ Spouse: _____

Home Address: _____

City, State, County: _____

Home Telephone: _____

Cell Phones: _____

Email Address _____

PERSONAL INFORMATION:

	<u>Client</u>	<u>Spouse</u>
Social Security #:	_____	_____
Date of Birth	_____	_____
Employer	_____	_____
Office Phone	_____	_____

CHILDREN

<u>Name</u>	<u>Address/Phone</u>	<u>S/</u> <u>D</u>	<u>Duty</u>
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W

_____	_____	G T PR
	_____	POA
	_____	HCS
	_____	1 2 3 4
	_____	H W
_____	_____	G T PR
	_____	POA
	_____	HCS
	_____	1 2 3 4
	_____	H W

FIDUCIARIES/SURROGATES:

<u>Name</u>	<u>Address/Phone</u>	S/ D	<u>Duty</u>
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W
_____	_____		G T PR
	_____		POA
	_____		HCS
	_____		1 2 3 4
	_____		H W

DISPOSITIVE PLANNING:

Distribution on First Death:

Specific Devises: _____

Residue: _____

Second Death:

Specific Devises: _____

Residue: _____

Disaster Clause:

Minor Age Requirements (Trust): 21 – 25 - 30

ADVANCED DIRECTIVES: (Yes or No)

DISPOSITION (WILL only):

Organ Donation?	C _____	S _____	Burial?	C _____	S _____
For Science Too?	C _____	S _____			
POA – Springing?	C _____	S _____	Cremation?	C _____	S _____

L/W –

Mechanical Means? C _____ S _____

Any wanted? surgery, antibiotics, CPR, respiratory support, blood and blood products, dialysis, chemotherapy, radiation therapy, artificially administered feeding and fluids, and invasive diagnostic tests. Other Instructions:
