

**WILLS FOR HEROES®**

**PENNSYLVANIA ESTATE PLANNING QUESTIONNAIRE**

**DO NOT COMPLETE UNLESS YOU ARE A PENNSYLVANIA RESIDENT**

*Please print clearly*

Today's date: \_\_\_\_\_

1. Your full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Home address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. County you live in: \_\_\_\_\_

4. Gender: M or F (circle)

5. Currently married? Y or N (circle)

6. If married, spouse's full legal name:  
\_\_\_\_\_  
(First) (Middle) (Last)

7. Full legal names of your biological and adopted children (do not list step-children unless you have legally adopted them):


8. Please list the value of your (and your spouse's) assets:

Real estate (include your home if you own it and any other real estate you own)	\$
Vehicles (automobiles, boats, etc.)	\$
Other tangible personal property	\$
Retirement accounts (including 401(k), 403(b), 457, and IRA)	\$
Non-retirement accounts and CDs (savings, checking, brokerage, money market)	\$
Stocks & bonds not held in any account	\$
Money others owe to you	\$
Value of your business(es)	\$
Life insurance death benefits (including life insurance through your employer)	\$
Other money or property	\$

TOTAL

\$
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9. Please list any amounts you (or your spouse) owe to others:

Mortgage(s) on real estate	\$
Credit card debts	\$
Other	\$

TOTAL

\$
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10. What is the total in #8 above minus the total in #9 above? \$ \_\_\_\_\_

<b>If the answer to #10 above is more than \$750,000, we cannot prepare a Will for you – please go to page 8 below</b>
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11. Are there any special circumstances we should know about? Yes or No (circle)

WILL
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12. For questions #13 and #14 below, if you want to treat a step-child or any other person who is not your biological or adopted child the same as your child(ren), list the full legal name(s) here:


13. How do you want your tangible personal property distributed?

Select only one (A through D):

A. 100% to my spouse (but if he/she does not survive me, then 100% to my children)

B. 100% to my children

C. 100% to one individual

Full legal name of individual: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship of individual to you: \_\_\_\_\_

If the named individual does not survive you, do you want to name an alternate beneficiary? If yes, list the alternate's name and relationship to you:

Full legal name of alternate: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship of alternate to you: \_\_\_\_\_

D. 100% to a group of individuals

Relationship of group to you (for example, parents, siblings, nieces and nephews): \_\_\_\_\_

14. How do you want the rest of your property (“residue”) distributed?

Select from A through E:

- A. 100% to my spouse, but if he/she does not survive me, then 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child)

**Note:** If neither my spouse nor any of my descendants survives me, I want the rest of my property distributed as follows [please select C, D or E below, or if none of those options is what you want, go to #15 below]

- B. 100% to my children in equal shares (the descendants of a deceased child take the share of the deceased child)

**Note:** If none of my descendants survive me, I want the rest of my property distributed as follows [please select C, D or E below, or if none of those options is what you want, go to #15 below]

- C. 100% to the following [select only one]:

Parents, or surviving parent, or if no surviving parent, then siblings (the descendants of a deceased sibling to take the deceased sibling’s share)

Siblings (brothers & sisters) (the descendants of a deceased sibling to take the deceased sibling’s share)

Option D is on page 5 and option E is on page 6

D. 100% to the following individual or individuals [please select from one of the options in **bold**]:

**100% to one individual**

Full legal name of individual: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship of individual to you: \_\_\_\_\_

If the individual named above does not survive you, who do you want to take in his/her place?

Select only one of the following:

I want his/her descendants to take in his/her place

I want the following individual to take in his/her place:

Full legal name of alternate:

\_\_\_\_\_  
(First) (Middle) (Last)

Relationship of alternate to you: \_\_\_\_\_

Neither of the above [please go to #15 below]

**100% in equal shares to the following individuals:**

List full legal names and relationship to you:

<u>Name</u>	<u>Relationship</u>
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**100% in unequal shares to the following individuals:**

List full legal names, relationship to you, and percentage:

<u>Name</u>	<u>Relationship</u>	<u>%</u>
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- E. 100% to the following charity or charities (if unequal shares, please indicate percentages):

15. Skip this question if you selected #14E above. If the person(s) you designate in #14 above do not survive you, how do you want your assets distributed?

Select only one:

- A. My heirs under the Pennsylvania intestate laws
- B.  $\frac{1}{2}$  to my heirs under the Pennsylvania intestate laws and  $\frac{1}{2}$  to my spouse's heirs under the Pennsylvania intestate laws
- C. 100% to the following charity or charities (if unequal shares, please indicate percentages):

16. A beneficiary's share will be held in trust until he or she reaches [select A or B]:

- A. age 21, with all distributed at that age
- B. a later age -- I want the beneficiary to receive [select one]:
- all at age \_\_\_\_\_
- $\frac{1}{2}$  at age \_\_\_\_\_ and the balance at age \_\_\_\_\_
- $\frac{1}{3}$  at age \_\_\_\_\_,  $\frac{1}{2}$  of the rest at age \_\_\_\_\_, and the balance at age \_\_\_\_\_

**Note:** Persons you name below as Executor/Trustee must be at least 18 years old

17. Who do you want to name as Executor of your Estate and Trustee of any Trust?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

18. Do you want to name another person to act with the person named in #17 above? Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

19. If both of the individuals named in #17 and 18 above are unable or unwilling to serve as Executor or Trustee, who do you want to name as Executor/Trustee?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

20. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as Executor and Trustee? Yes or No (circle)

21. Do you have a biological or adopted child who is under 18 years old?

No; please go to page 8

Yes; please go to #22 below

22. If you answered #21 "Yes," and you want to designate a guardian, list the full legal name and relationship of the person you wish to designate as guardian:

Primary: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

23. If you named a person in #22 above, please select one of the following:

All of my minor children are also the children of my spouse

I have a minor child or minor children who are not also my spouse's

I have a minor child or minor children and I am currently unmarried

DURABLE FINANCIAL POWER OF ATTORNEY

1. Would you like a Durable Financial Power of Attorney? Yes or No (circle)

If No, skip to page 9.

**Note:** Persons you name below as agent must be at least 18 years old

2. Please enter the following information concerning the person you would like to appoint as your agent:

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

3. Do you want to name another person to act with the person named above?

Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

4. If a person named in #2 or 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Relationship to you: \_\_\_\_\_

5. Do you want the person(s) you name above to be entitled to reasonable compensation for serving as your agent? Yes or No (circle)



HEALTH CARE POWER OF ATTORNEY AND LIVING WILL

**Note:** Persons you name below as agent must be at least 18 years old

1. Would you like a Health Care Power of Attorney? Yes or No (circle)

If No, go to question #5. If Yes, continue with the next question.

2. Please enter the following information concerning the person you would like to appoint as your agent:

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. Do you want to name another person to act with the person named above?

Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

4. If a person named in #2 or 3 above is unable or unwilling to serve as agent, do you want to name a person in his or her place? Yes or No (circle)

If yes, who?

Full legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

5. Would you like a Living Will? Yes or No (circle)

6. Choose one of the following:

I consent to donate my organs and tissues at the time of my death for the purpose of transplant, and I consent to donate my entire body at the time of my death (except for such organs and tissues taken for transplant) for the purpose of medical study or education.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant only.

I consent to donate my organs and tissues at the time of my death for the purpose of transplant only, subject to the following limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not consent to donate my organs, tissues or any other part or all of my body at the time of my death, for any purpose.