



VILLANUEVA LAW GROUP  
www.galegalpro.com

3300 Buckeye Road, Ste. 335 Atlanta, GA 30341  
2330 Scenic Hwy S. Snellville, GA 30078  
3166 Cherokee Street, Ste. 101 Kennesaw, GA 30144

Phone: 770-220-0818

[HELP@galegalpro.com](mailto:HELP@galegalpro.com)

**SIMPLE WILL QUESTIONNAIRE  
PERSONAL AND CONFIDENTIAL**

**PLEASE BE ADVISED: THIS QUESTIONNAIRE MUST BE COMPLETED NO LATER  
THAN 48 BUSINESS HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT**

**BACKGROUND INFORMATION**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

County: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

US Citizen (Circle One) Yes No

**FAMILY**

Present marital Status: (Circle One) Single Married Divorced Widowed

Spouse Full Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

US Citizen (Circle One) Yes No

IF YOU ARE PRESENTLY MARRIED, ASK YOUR LAWYER ABOUT YEARS SUPPORT

Have you ever been married previously (Circle One) Yes No

Reason for termination of Marriage (Circle One) Death Divorce

Do you have any continuing obligations under any settlement agreement, divorce decree, prenuptial (premarital) agreement or have you ever made any agreement with anyone regarding the terms of your Will or the inheritance of your property?

(Circle One) Yes      No

If so, it would be very helpful for you to provide a copy of any settlement agreement, final decree, prenuptial agreement.

Do you have any children? (Circle One)      Yes      No

If yes, please list their names, address and ages below. (Attach additional sheet if necessary)

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_

Do any of your children suffer from any disability that might entitle the child to assistance from government or private assistance programs?

(Circle One) Yes      No

Are any of your children adopted? (Circle One)      Yes      No

Were any of your children age 18 or older at the time of adoption?

(Circle One) Yes      No

Does anyone other than you or your spouse have legal custody (including joint custody) of any minor child of yours? (Circle One) Yes      No

Name of Child \_\_\_\_\_ Name of Custodian \_\_\_\_\_  
Address of Custodian \_\_\_\_\_

Name of Child \_\_\_\_\_ Name of Custodian \_\_\_\_\_  
Address of Custodian \_\_\_\_\_

Name and description of Pet(s) \_\_\_\_\_  
Who will get custody and possession Name: \_\_\_\_\_  
Address: \_\_\_\_\_

If your spouse (or the other parent of your children) does not survive you, who should be named as guardian to care for the children until they reach age 18?

Name \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_

Do you have living parents? If so, please list their names and addresses.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Do you have living siblings? If so, please list their names and addresses. (attach additional sheets if necessary)

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Do you think nay family might object to your Will? If so, indicate who and why.

Name \_\_\_\_\_  
Why? \_\_\_\_\_

### HOUSE AND LAND

Do you own land or a home (real estate)? (Circle One)      Yes      No

Property Address \_\_\_\_\_  
Approximate Value \_\_\_\_\_

Is this property owned jointly with anyone? If so, please indicate that persons name and address.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Do you have a mortgage? (circle one)      Yes      No  
Balance of Mortgage (including second mortgage)\$ \_\_\_\_\_

Do you have mortgage life insurance? (Circle One)      Yes      No

Do you have any property outside the State of Georgia? (Circle One)      Yes      No

**INSURANCE AND FINANCE**

Do you own life insurance? (Circle One)    Yes    No

If yes, please list the company, policy number, amount of benefit and beneficiary for each policy.

Company name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Benefit Amount \_\_\_\_\_  
Beneficiary (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Do you have any bank accounts? (Circle One)    Checking    Savings  
Approximate Balance\$ \_\_\_\_\_

Are your checking and savings accounts your alone, or are they joint accounts? (Circle One)  
Alone    Joint

If joint, with whom?  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Do you have any IRA accounts? (Circle One)    Yes    No

Do you have any other financial accounts, such as stocks, bonds, savings bonds, mutual funds, and so forth? (Circle One)    Yes    No

Do you have a safety deposit box? (Circle One)    Yes    No

If yes, please give the location \_\_\_\_\_

Does anyone else have access to your safety deposit box? (Circle One)    Yes    No

If yes, who?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

**DEBTS**

Does anyone owe you money? (Circle One)    Yes    No    If yes, list who  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Do you owe anyone (other than on credit cards) money? (Circle One)    Yes    No

If yes, to whom do you owe the debts?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Amount \_\_\_\_\_

### BEQUESTS

Who do you want to receive your real property (ie land and/or home)?

Spouse, if living, otherwise to children and their descendants?

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Who do you want to receive your personal property (ie jewelry, furniture, etc)?  
(Attach separate list if necessary)

All to Spouse, otherwise to children? Other?

Item	Person to get this item
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____

Any remaining property is considered the rest, residue and remainder of your estate. To whom do you want this property to go to?

All to surviving spouse, otherwise to children and their descendants?

(Attach separate list if necessary)

Name	Percentage
_____	_____
_____	_____
_____	_____

Do you want these bequests to go to your beneficiaries immediately or only if the beneficiaries survive you by \_\_\_30, \_\_\_90\_\_\_190 days. If you choose, 30, 90 or 180 days and the person dies within that time period, then the property you left to him/her goes back to your estate. If you do not specify a survival period, then that property would go to the beneficiary's estate if that beneficiary should die shortly after you do.

Do you wish to disinherit anyone, or is there anyone who should take nothing from your estate under any circumstances? \_\_\_\_\_

Do you want your estate to pay any and all debts secured by your property (such as a mortgage) or do you want your property to pass to the beneficiary subject to the secured debt (the person would be responsible for the debt)?

In the event that none of your descendants or name beneficiaries survive you, to whom should your property go? The standard provision is that the property will pass to those persons who would inherit absent a Will, meaning first, parents, second, brothers and sisters (or their descendants), etc? An alternative is a charity, including a house of worship.

### **EXECUTOR**

Executor: This is the person who will carry out the instructions of your Will. Your Executor need not be a lawyer or a financial expert, but should be someone who is responsible and trustworthy, and will ask for help from professionals when needed. Your Executor will have broad powers with regard to your assets, and therefore should be someone whom you trust. If there is no one in whom you have that much confidence, you may wish to consider naming a bank or requiring the posting of bonds and court oversight under the terms of your Will.

Should your Spouse be your Executor?

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

Successor Executor: This is the person who will carry out the instructions in your Will in the event that your Executor cannot handle the responsibility

Do you wish your name Executor to choose his or her own successor, if possible? (Circle One)  
Yes    No

Whether or not your primary Executor has the power to choose a successor, you should name a successor in any event, just in case the primary Executor fails to do so.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

### **TRUST**

Do you want to set up a trust for the property you are leaving to any person who might be a minor or for an adult who is not able to handle the property responsibly?

If so, for which person(s)?

Name \_\_\_\_\_ (Circle One)      Adult    Minor

Name \_\_\_\_\_ (Circle One)      Adult   Minor

If a person is a minor, how old do you want the person to be before the trust ends? \_\_\_\_\_ (if you do not specify, it will be at age 21)

Trustee: This is the person who will carry out the instructions in your trust, and may or may not be the same person as your Executor. The Trustee may be the same person as the guardian of any minor children, but may also be someone other than the guardian. Like the Executor, the Trustee should be someone who is honest and responsible, and will seek help from others when needed. It is usually easier on all concerned if the Trustee is the same person as the Executor, but that is not required.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

Should the Trustee have the authority to name his or her own successor Trustee?

(Circle One)   Yes   No

Successor Trustee: This is the person who will carry out the instructions in your Trust in the event that your Trustee cannot handle the responsibility. A Successor Trustee is recommended even if the primary Trustee has the authority to name successors, since the primary Trustee may not actually do so.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_

### **BURIAL AND CREMATION**

Do you have special requests regarding your funeral or Memorial Service?

(Circle One)   Yes   No

Burial (Circle One)   Yes   No   If yes, where? \_\_\_\_\_

Cremation (Circle One)   Yes   No   Ashes Scattered (Circle One) Yes   No

If yes, by whom and where \_\_\_\_\_

### **ADVANCE DIRECTIVES**

#### **DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

Your Durable Power of Attorney for Health Care allows you to name an 'Agent' to speak for you regarding medical and personal care decisions in situations where you are unable

(permanently or temporarily) to speak for yourself. This should be a person who knows you well enough to know what you would want done and whom you trust totally to make life and health decisions on your behalf. This document also expresses your desires regarding the continuation or withdrawal of life support in situations where you are terminally ill and not expected to recover. This document also nominates your Agent to be the guardian of your 'person' (as opposed to your property) in the event you become unable to make decisions and gives your Agent 'ownership' of your body after your death, giving him or her the right to make decisions regarding the disposition of the body and autopsy, subject, of course, to any specific instructions in your power of attorney.

(Circle One) Yes No Already Have

If yes, you will need to name both a primary Agent and a back-up Agent.

Primary Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Back-Up Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Living Will Provision: This tells your family and your doctors whether you want your life to be prolonged by artificial life support if you have a terminal condition or are in a coma or 'persistent vegetative state' and not expected to recover. If you wish, a living will provision may be included in your Durable Power of Attorney for Health Care. This provision does not apply to any situation where you are conscious and able to communicate. Your doctor and another doctor who does not provide care for you would both have to agree in writing that your condition was terminal and that you met the conditions specified. This provision is specifically for life-prolonging medical intervention, and not for pain medication, so you would still, even unconscious, have pain medication or other compassionate care.

Life Support Option Discontinue if Hopeless Continue Indefinitely

### **FINANCIAL POWER OF ATTORNEY**

Your Financial Power of Attorney allows you to name an 'Agent' who will have the power to handle your money and business affairs for your benefit while you are still alive. This does not interfere with your own rights when you are able to handle your business yourself. Your Agent will have very broad powers, including the power to purchase property in your name, sell your property, to borrow money in your name and otherwise sign contracts on your behalf. Of course, your Agent will be under certain 'fiduciary' obligations to you, meaning that the law requires your Agent to exercise his or her powers solely in your best interests, and not to the benefit of the Agent. Nevertheless, a dishonest Agent could take your money and otherwise cause great difficulty for you. Therefore, your Agent should be someone you totally and absolutely trust, and whose honesty and integrity are beyond question. If there is not one whom you trust to manage



your affairs without supervision, you may prefer not to execute a Financial Power of Attorney, and instead rely upon the Probate Court, if it determines that you are incapacitated, to appoint a ‘Guardian of the Property’, who will be closely supervised by the court. This procedure tends to be expensive and time consuming, however, and should only be relied upon as a last resort. Once you have executed your Financial Power of Attorney, you reserve the right to change it or revoke it at any time, in which case you will need to retrieve the original and any copies that you may have given to your Agent or others.

Do you wish for us to prepare a Financial Power of Attorney for you?

(Circle One) Yes No Already Have

Primary Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Backup Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Do you want your Agent to have your power of attorney immediately upon execution (without you being disabled) or only upon your becoming incapacitated, such that you are unable to manage your own affairs?

If your power of attorney is effective immediately upon execution, it will be easier for your Agent to manage your affairs when needed, because the Agent will not have to prove your disability when dealing with others on your behalf. However, your Agent would also have the ability to transact business in your name, even if you are not disabled. Generally, a power of attorney that is effective immediately is only recommended when the Agent is a spouse (in a stable marriage) or other very close relative or friend who is absolutely trustworthy.

If your power of attorney is effective only upon incapacity, then your Agent will not be able to transact business on your behalf until such time as you are determined to be incapacitated. Such power of attorney provides less risk that a dishonest Agent will act improperly prior to your incapacity, but it can make your Agent’s job more cumbersome if you are incapacitated, since every third party with whom your Agent transacts any business will require proof of incapacity. Relying on court determination is not satisfactory, because if a court finds you to be incapacitated, a ‘guardian of the property’ will be appointed and your power of attorney will be void. Therefore, you will need to choose how incapacity will be established, for the purposes of your power of attorney.

When should your Financial Power of Attorney be effective? (Circle One)

Immediately Upon Execution                      Only upon Disability

If effective only upon incapacity, who should determine (by written declaration executed under penalty of false swearing) when you are incapacitated? You should have at least one, preferably two, backup persons if the first person is not available. Choose one

Spouse            First Backup\_\_\_\_\_Second Backup\_\_\_\_\_

OR  
Other individual\_\_\_\_\_

First Backup\_\_\_\_\_Second Backup\_\_\_\_\_

OR  
Committee\_\_\_\_\_

Unavailable Committee Members to be replaced by:

First Backup\_\_\_\_\_Second Backup\_\_\_\_\_

(remaining member(s) of Committee serve)

OR

Attending Physician (This should be a last resort, because physicians are very reluctant to make this decision, even when necessary, and may wait too long.)

Do you wish to place any limitations on the authority of your Agent? For example some people, due to religious, philosophical or other concerns, do not permit their Agents to authorize blood transfusions, organ transplants, abortions, autopsies, cremation, etc. Do you wish to impose any such limitations?    Yes    No

**ANY QUESTIONS OR CONCERNS?**

**WHAT IS THE BEST WAY TO CONTACT YOU IN CASE YOUR ATTORNEY HAS QUESTIONS PRIOR TO YOUR MEETING?**

**PHONE**

**BEST TIME**

**EMAIL**

**PLEASE EMAIL YOUR COMPLETED QUESTIONNAIRES TO**

**VILLANUEVA LAW GROUP  
3300 Buckeye Road, Suite 335  
Atlanta, Georgia 30341  
Email: [support@galegalpro.com](mailto:support@galegalpro.com)**

## Important Login and Password Information

Upon your passing, you may want to provide loved ones or close friends access to financial and social media accounts. We can provide this information to your beneficiaries or you can opt to provide this information separately. For additional accounts, you may duplicate this page.

### FINANCIAL

Name of Institution: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Institution : \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

Name of Institution : \_\_\_\_\_

Login: \_\_\_\_\_

Password: \_\_\_\_\_

**SOCIAL MEDIA (Facebook, Instagram, Twitter ....)**

**Platform:** \_\_\_\_\_

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Platform:** \_\_\_\_\_

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Platform:** \_\_\_\_\_

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**OTHER**

**Name:** \_\_\_\_\_

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Login:** \_\_\_\_\_

**Password:** \_\_\_\_\_