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ATTORNEY AT LAW

**QUESTIONNAIRE FOR SIMPLE WILL**

Basic information is needed to help us plan what will pass to those who you hold dear, whether by will, contract, joint tenancy or other. Such factors will be discussed at my meeting with you.

**----- YOUR AND YOUR FAMILY -----**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Marital Status: (Circle appropriate):**    Never Married    Married    Divorced    Widowed

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

**Children:**

All Children born or adopted by you:

Name	Address	DOB	Living?

All Children of your spouse (if different from your children)

Name	Date of Birth	Living?

----- PLANS FOR DISTRIBUTION -----

Do you want to make any Charitable Gifts? (Gifts to a Charity, Church, etc.)      Yes      No

To Whom

Describe Gift

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Gifts of Specific Items Desired? (Specific jewelry, china, property, etc.)      Yes      No

To Whom

Describe Gift

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Other than the charitable gifts and specific items listed above, who do you want to give your property?

Primary Beneficiar(ies):

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Alternate Beneficiaries:

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If one of your beneficiaries predeceases you, would you like their children to get their share? (i.e., if you leave everything to your children, and one predeceases you, would you like for their children – your grandchildren – to get their parents share?)

YES

NO

WHO WOULD YOU LIKE TO SERVE IN THE FOLLOWING POSITIONS:

**EXECUTOR** *(This is the person who will handle the distribution of your estate):*

Primary: \_\_\_\_\_ City/State \_\_\_\_\_

Alternate: \_\_\_\_\_ City/State \_\_\_\_\_

**GUARDIAN OF YOUR MINOR CHILDREN**, if applicable *(This is the person(s) who will be responsible for taking care of your minor children if you die prior to them reaching the age of 19).*

*Each choice may be a married couple; if two people, they must be married – cannot leave children to two unmarried persons)*

Primary: \_\_\_\_\_ City/State \_\_\_\_\_

Alternate: \_\_\_\_\_ City/State \_\_\_\_\_

**CONSERVATOR/TRUSTEE FOR PROPERTY of minor children**, if applicable *(This is the person who, if you have minor children, will be responsible for handling the money which will be used to take care of your children after you are deceased. This person DOES NOT have to be the same person you selected to serve as Guardian of the minor children):*

Primary: \_\_\_\_\_ City/State \_\_\_\_\_

Alternate: \_\_\_\_\_ City/State \_\_\_\_\_

Are there special needs or circumstances among your beneficiaries (such as mental disability, inability to handle money, greatly different financial needs or the like)?

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**OTHER SPECIAL DESIRES TO INCLUDE IN YOUR WILL**  
**(Burial, Cremation, Etc.)**

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## DURABLE POWER OF ATTORNEY

Do you want a durable power of attorney (*This document allows the appointed person to act on your behalf in respect to all of your affairs*)? Yes    No

Primary: \_\_\_\_\_ City/State \_\_\_\_\_

Alternate: \_\_\_\_\_ City/State \_\_\_\_\_

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## ADVANCED MEDICAL DIRECTIVE LIVING WILL and HEALTH CARE PROXY

Do you want to have an Advanced Medical Directive (This document is both a living will and a health care proxy – it sets for end of life instructions, as well as appoints someone to make all medical decisions for you if you are unable to do so on your own. Yes    No

*Please note that these questions are asking if you would like “life-SUSTAINING” treatment.*

*This does not include life-SAVING treatment; you are not waiving your rights to receive treatment that could potentially save your life. Note also that the word “terminal” is used, which means that – short of a miracle – you are not going to live.*

Yes                      No

Do you wish to have life-sustaining treatment if you are terminally ill or injured? \_\_\_\_\_

Do you want food / water provided by feeding tube or IV if terminally ill/injured? \_\_\_\_\_

Do you wish to have life-sustaining treatment if permanently unconscious? \_\_\_\_\_

Do you want food / water provided by feeding tube or IV if permanently unconscious? \_\_\_\_\_

If the doctor treating you does not want to follow your directions, do you want them to find a doctor who will follow your directions? \_\_\_\_\_

If you are pregnant, do you wish for the choices made on this form to only be followed after the birth of your baby? \_\_\_\_\_

**CHOICE OF HEALTH CARE PROXY:** Who would you like to make medical decisions for you if you become too sick or injured to speak for yourself?

**Choice 1:** Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

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

All relevant phone numbers: \_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Cell)

\_\_\_\_\_  
(Work)

**Choice 2:** Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

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

All relevant phone numbers: \_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Cell)

\_\_\_\_\_  
(Work)

**Choose One of the Following:**

\_\_\_\_\_ The health care proxy is to follow only the directions as listed on this form.

\_\_\_\_\_ The health care proxy is to follow the directions on this form and make any other decisions that I have not covered.

\_\_\_\_\_ The health care proxy makes the final decision, regardless of what is stated on this form.

Who else, if anyone, would you like to be involved in the discussions with your doctor concerning your health and other life-threatening decisions, besides the health care proxy?

***Note: The proxy still has the final decision; this is just a list of people who you would like to be involved in the discussion.***

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