

## Questionnaire for Last Will and Testament, Living Will, Power of Attorney, and Health Care Power of Attorney

The purpose of this form is to provide the essential information necessary to prepare the above named documents. If you are interest in the Center preparing these documents, please type the answers below, then print and send to Roman's attention at the Center.

### FAMILY INFORMATION

1. Name

Spouse's Name

2. Are you a US citizen?

Spouse?

3. Your Date & Place of Birth

4. Spouse's Date & Place of Birth

5. Your Social Security Number

6. Spouse's Social Security Number

7. Home Address

8. Business Address

9. Home Phone

Business Phone

10. Your Children (indicate if by previous marriage of you or your spouse)

Name	Birth Date	SS#	Address	Marital Status

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11. Other Dependents

12. Grandchildren:

Name	Their Parent's Name	SS#	Birthdate

13. State the individuals whom you wish to make health care decisions in the event you are unable to make such decisions.

14. Primary Person

Name:

Relationship:

Address:

Phone Number:

15. Secondary Person (in the event the primary person is unavailable):

Name:

Relationship:

Address:

Phone Number:

16. State the individual whom you wish to make your financial decisions in the event you are unable to make such decisions.

a. Primary Person

Name:

Relationship:

Address:

Phone Number:

- b. Secondary Person (in the event the primary person is unavailable):

Name:

Relationship:

Address:

Phone Number:

17. State the individual whom you wish to handle your affairs after you die.

- a. Primary Person:

Name:

Relationship:

Address:

Phone Number:

- b. Secondary Person (in the event the primary person is unavailable):

Name:

Relationship:

Address:

Phone Number:

18. If you have minor children, name the individual you wish to raise the children.

- a. Primary Person:

Name:

Relationship:

Address:

Phone Number:

- b. Secondary Person (in the event the primary person is unavailable):

Name:

Relationship:

Address:

Phone Number:

19. If you have minor children, name the individual you wish to handle the financial affairs of the children.

- a. Primary Person:

Name:

Relationship:

Address:

Phone Number:

- b. Secondary Person (in the event the primary person is unavailable):

Name:

Relationship:

Address:

Phone Number:

20. Questions for Living Will:

- a. Do you wish to be placed on life support in the event it is necessary to keep you alive?

Spouse?

- b. Do you wish to donate your organs in the event of your death?

Spouse?