

# Mullen & Co. – Will Questionnaire

To prepare for your appointment, please print this form on paper and answer as many questions as you are able to.

Individual Information. If the question does not apply, simply cross it out or leave it blank.		
Full Legal Name:	Maiden Name:	Birth Date:
Spouse's Name:	Maiden Name:	Birth Date:
Phone Numbers – Home:	Cell:	Work:
Email Address:		
Address:		
Conflicts?		
Marriage	Date of Marriage:	
	Place of Marriage:	
<u>Previous Marriage?</u>	Place of Marriage:	
Name of Spouse:	Date of Marriage:	
	Date of Divorce:	
<u>Previous Marriage?</u>	Place of Marriage:	
Name of Spouse:	Date of Marriage:	
	Date of Divorce:	
Children		
Name:	Name:	
Date of Birth:	Date of Birth:	
Name:	Name:	
Date of Birth:	Date of Birth:	
Name:	Name:	
Date of Birth:	Date of Birth:	
Do any of your children have a physical or mental disability?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
At what age should your children receive their inheritances?		
Guardian		
<u>First choice</u>	<u>Alternate choice</u>	
Name:	Name:	
Address:	Address:	
Executor		
<u>First Choice</u>	<u>Alternate Choice</u>	
Address:	Address:	
Phone#:	Phone#:	
Relationship:	Relationship:	
Disbursal of Estate		
Balance of Estate to go to your spouse?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

