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CLIENT WILL QUESTIONNAIRE

1. Client Info

Client's Name: _____
First Middle Last

Client's Address: _____
Street Suite Number

City / State / Zip Code County

Home Number: _____ Work Number: _____

Cell Number: _____ Email Address: _____

SS #: _____ (for DPOA) DOB: _____

Are you a member of a legal plan? (Y/N)

If Yes: Case No.: _____ Member Id: _____

Married (Y / N)

If yes:

Spouse: Name: _____ Cell: _____

Address: _____

Email: _____

2. Children

Child 1: Name: _____ Under 18 (Y / N)

Address: _____

Email: _____

Child 2: Name: _____ Under 18 (Y / N)

Address: _____

Email: _____

Child 3: Name: _____ Under 18 (Y / N)

Address: _____

Email: _____

Child 4: Name: _____ Under 18 (Y / N)

Address: _____

Email: _____

Child 5: Name: _____ Under 18 (Y / N)
Address: _____
Email: _____

Property Guardian

If you have a child(ren) under 18 who will be the financial guardian:

Financial Guardian: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

Personal Guardian

If you have child(ren) under 18 who will be the personal guardian:

Is this the same as the property guardian above? (Y/N)

If no:

Personal Guardian: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

Trust Distribution:

Trustee: Name: _____ Cell: _____
Address: _____
Email: _____

What ages do you want the funds distributed, for what purposes and how much?

3. Executor

Who will be your nominated personal representative for your estate?

Executor: Name: _____ Cell: _____
Address: _____
Email: _____

Alternate: Name: _____ Cell: _____
Address: _____
Email: _____

4. Beneficiary

If you are married, do you plan to leave your entire estate to your spouse? (Y / N)

If no to whom:

If you are not married, do you plan to leave your entire estate to your children? (Y / N)

If no to whom:

If you are not married and have no children, do you plan to leave your entire estate to someone or some institution? (Y / N)

If yes to whom:

Who are your beneficiaries?

Beneficiary 1 Name: _____
First Middle Last

Beneficiary 2 Name: _____
First Middle Last

Beneficiary 3 Name: _____
First Middle Last

Do you wish to leave part or all of your estate to charitable institutions? (Y / N)

If yes to what institution and how much:

Other Gifts or Devises

5. Financial / Durable Power of Attorney (Y / N)

a. Who will be your agent authorized to make financial decision for you in the event that you are hospitalized or incapacitated?

POA: Name: _____ Cell: _____

Address: _____

Email: _____

6. Advanced Healthcare Directive (Y / N)

a. Who will be your healthcare agent authorized to make decision for you in the event that you are hospitalized, unresponsive or incapacitated?

Healthcare Agent: Name: _____ Cell: _____

Address: _____

Email: _____

Contingent HA: Name: _____ Cell: _____

Address: _____

Email: _____

b. Treatment Preferences:

Guardianship: (Y/N) If yes: Name: _____ Cell: _____

Address: _____

Email: _____

7. General Notes:
