

WILL QUESTIONNAIRE

Full legal name:_____

Date of Birth:_____ Social Security Number:_____

Address:_____

Street	City	County	State	ZIP
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Marital Status (circle one): Single Married Widow/Widower

Spouse's Full Legal Name: _____

Date of Birth:_____ Social Security Number: _____

Children:_____

Full Legal Name	Date of Birth	Age	SSN#
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Full Legal Name	Date of Birth	Age	SSN#
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Full Legal Name	Date of Birth	Age	SSN#
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Full Legal Name	Date of Birth	Age	SSN#
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If married, do you wish to leave everything to surviving spouse?_____

If spouse pre-deceases you, do you want your property divided evenly among your children? _____

If yes, are any of your children minors?_____

If yes, who do you want to be the Guardian of your minor child(ren)?_____

If you do not wish to leave your property to your children, how do you want your property divided? _____

Who do you want to be Executor of your will? _____

Who do you want to be the alternate executor of your will? _____

Mueller, Wheeler & Associates, PLLC
202 E. Harrison Ave.
Guthrie, OK 73044
(405) 282-7677