



Dailey Law Offices

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Estate Planning Questionnaire

Husband Name: _____
Complete Address: _____
Telephone Number: _____
Date of Birth: _____

Wife Name: _____
Complete Address: _____
Telephone Number: _____
Date of Birth: _____

Children (including those legally adopted)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

At what age do you wish to release 18 21 Other _____

WILL

Please outline a brief description of the wishes for distribution of property at death. Most married couples wish to bulk their property to pass to their spouse outright or for his/her lifetime, and then pass to their mutual child(ren) in trust upon the death of the surviving spouse. The property would then be held in trust until the child(ren) reach the age of majority or beyond, with principal payments at specific ages.

Specific Bequests: _____

Initial Name and contact information

Executor

For Husband: Spouse Relationship
(1st to be notified) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
(1st to be notified) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

Alternate Name and contact information

Executor

For Husband: Spouse Relationship
(2nd to be notified) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
(2nd to be notified) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

IF MINOR CHILDREN:

Initial Name and contact information

Trustee

For Husband: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

Alternate Name and contact information

Trustee

For Husband: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

IF MINOR CHILDREN:

Initial Name and contact information

Guardian

For Husband: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

Alternate Name and contact information

Guardian

For Husband: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

For Wife: Spouse Relationship
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

