

William E. Hesch Law Firm, LLC

Questionnaire for Married Persons

The first step in estate planning is to determine who is to get what and when. This questionnaire will help us in preparing a simple Will, Power of Attorney, and health care documents so you can dispose of your assets as you see fit. Please answer the questions completely and thoroughly. When you have completed the questionnaire, you can call us at (513) 731-6601 to review it.

I. IDENTIFYING YOUR ESTATE PLANNING OBJECTIVES

1. Whom would you like to serve as your fiduciaries? A fiduciary may be an individual or a bank.

a. The Executor will manage your estate. He or she should be a resident of your home state; however, out-of-state relatives (by blood or marriage) may serve.

1. _____

2. _____

3. _____

b. Your Attorney-in-fact operates under either a “Durable Power of Attorney” that takes effect immediately, or under a “Springing Durable Power of Attorney” that only kicks-in if and when you become disabled. Please select the option that works best for you. An Attorney-in-fact basically manages your money if you aren’t able to do so yourself. He or she should be a resident of your home state; however, out-of-state relatives (by blood or marriage) may serve.

Durable Power of Attorney Springing Power of Attorney

1. _____

2. _____

3. _____

II. HEALTH CARE DOCUMENTS

OHIO RESIDENTS ONLY (Kentucky residents, skip over to the next page)

Health Care Power of Attorney

As you might infer, a Health Care Power of Attorney is a document wherein you appoint someone to make health care decisions on your behalf in the event that you are not able to do so yourself. Most clients appoint their spouses to serve. The State of Ohio recommends that you select two alternates just in case your first appointee is not available.

1. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____
2. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____
3. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____

Living Will Declaration

In Ohio, a Living Will is a directive to your physicians in the event you are terminally ill or in a persistent vegetative state. You may also elect to allow the withholding of artificially supplied nutrition and hydration, which we will discuss at our next meeting. Your Health Care Power of Attorney must not act in a way that contravenes the wishes you express in this document. If you want your spouse or family to make all health care decisions, then you do not want to execute a living will. The State of Ohio requests that you list two contact persons to be notified if your Living Will Directive becomes operative. If your contact persons are going to be the first two persons you listed on your Health Care Powers of Attorney, just write "SAME" on the line. Otherwise, fill in the lines below.

1. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____
2. Name: _____ Phone Number: _____
Address: _____ City, State, ZIP _____

III. PERSONAL INFORMATION

SPOUSE #1

SPOUSE #2

Full Name: _____

Home Address
and Telephone Number: _____

_____ County: _____

Email Address: _____

Date of Birth: _____

Place of Birth
(Citizenship): _____

Have you ever lived in
any other state or foreign
country? If so, where
and when: _____

IV. FAMILY INFORMATION

CHILDREN

1.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
2.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
3.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
4.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
5.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
6.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER
7.	NAME	ADDRESS	BIRTHDATE	PHONE NUMBER

