

*Law Offices Gary Oberst*  
*A Professional Corporation*

111 East Avenue - Norwalk, CT 06851  
Phone: (203) 866-4646 - Fax: (203) 852-1574 - E-Mail: info@oberstlaw.com

**\* SPOUSE: ESTATE PLANNING QUESTIONNAIRE**  
(MARRIED COUPLES: ONE SPOUSE COMPLETES ESTATE PLANNING FORM, OTHER COMPLETES SPOUSE FORM)

NAME \_\_\_\_\_

FORMER (MAIDEN) NAMES OR ALIASES \_\_\_\_\_

PHONE: BUSINESS \_\_\_\_\_ FAX: BUSINESS \_\_\_\_\_

AGE \_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ NUMBER OF PRIOR MARRIAGES \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ HOW LONG RESIDENT OF THIS STATE \_\_\_\_\_

ANY EXISTING WILLS? Y / N WHERE LOCATED \_\_\_\_\_

DO YOU HAVE LIFE INSURANCE? Y / N BENEFICIARIES: \_\_\_\_\_

RELIGIOUS AFFILIATION, IF ANY \_\_\_\_\_

DATE AND PLACE OF BIRTH \_\_\_\_\_

LIST ANY CHILDREN NOT ALSO YOUR SPOUSE'S  
NAME DATE OF BIRTH OTHER PARENT

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

LIST ANY GRANDCHILDREN NOT ALSO YOUR SPOUSE'S  
NAME DATE OF BIRTH PARENTS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

BULK OF YOUR ESTATE GOES TO (eg., SPOUSE): \_\_\_\_\_

IF S/HE PREDECEASES YOU, THEN TO (eg., CHILDREN): \_\_\_\_\_

IF THEY PREDECEASE YOU, THEN TO (eg., PARENTS): \_\_\_\_\_

In order to protect your privacy, please send this form via facsimile.

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PAY ALL JUST DEBTS? Y / N      PAY UNPAID CHARITABLE PLEDGES? Y / N  
WHO OWES YOU MONEY? \_\_\_\_\_

SHOULD ESTATE TRY TO COLLECT? Y / N  
RELATIVES NOT PROVIDED FOR IN WILL:

PARENT (S) \_\_\_\_\_

CHILD (REN) \_\_\_\_\_

SPOUSE/EX-SPOUSE (S) \_\_\_\_\_

SIBLING (S) \_\_\_\_\_

WHO DO YOU WANT AS **EXECUTOR** (PERSON RESPONSIBLE TO CARRY OUT YOUR WISHES)?

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

IF **EXECUTOR** UNAVAILABLE, THEN:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WHO DO YOU WANT AS **TRUSTEE** (PERSON IN CHARGE OF TRUST FUNDS)?

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

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ADDRESS \_\_\_\_\_  
\_\_\_\_\_

IF **TRUSTEE** UNAVAILABLE, THEN:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

ANY PETS? Y / N PROVISIONS: \_\_\_\_\_

DO YOU WISH TO HAVE YOUR BODY CREMATED? Y / N

DO YOU WANT A LIVING WILL? Y / N

DO YOU WISH TO APPOINT AN AGENT FOR HEALTH CARE SERVICES?  
(PERSON TO MAKE DECISIONS FOR YOU IF YOU ARE INCAPACITATED) Y / N

WHO DO YOU WANT AS **HEALTH CARE AGENT**?

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

IF **HEALTH CARE AGENT** NOT AVAILABLE, THEN:

NAME \_\_\_\_\_

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RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION

(USE THIS SPACE TO FINISH ANY LIST WHICH HAD INSUFFICIENT SPACE WITHIN THE QUESTIONNAIRE, OR TO MENTION ANY OTHER ISSUES YOU WANT ADDRESSED. PLEASE INDICATE THE TOPIC TO WHICH YOUR ARE RESPONDING.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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IF YOU HAVE ANY QUESTIONS OR DIFFICULTIES IN COMPLETING THIS FORM, PLEASE CALL (203) 866-4646.

WHEN YOU HAVE COMPLETED THIS FORM, RETURN TO:

LAW OFFICES OF GARY OBERST, P.C.  
111 East Avenue  
NORWALK, CT 06851

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