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**Will Intake Questions:**

The purpose of this questionnaire is for me to gather information I need to write a will and powers of attorney for you.

Answers you give to questions are kept confidential by me, or to put it another way, whatever you tell me I do not tell anyone. The only exception is that if I am working with spouses or partners I share information so that the three of us are equally informed.

Please be advised that I can not guarantee the confidentiality of a web site, including my own. If you are more comfortable sending me hard copy of your responses, please feel free to mail or have them delivered to me at the address shown above.

**A. GENERAL INFORMATION**

1. Your full name.
2. Your cell phone number.
3. Street and mailing address.
4. Are you a U.S. citizen?      Yes                  No
5. Have you ever made a will before?      Yes                  No
6. Do you have a trust?      Yes                  No
7. Are you married or in a committed relationship?      Yes                  No
8. Spouse's/partner's full name.
9. Have you been married before? If yes, do you have a divorce decree that affects your retirement account or other property?      Yes                  No

10. Full names and ages of biological or adopted children.
  
11. Are your parents living? If yes, what are their names and city and state where they live.
  
12. Names of siblings, and city and state in which they live.

**B. AGENTS AND ATTORNEYS-IN-FACT**

13. Who do you want to be your agent, called an attorney-in-fact, for your Durable Power of Attorney for Financial Matters? This is the person who will handle your financial affairs if you are alive, incapacitated, and unable to manage your financial affairs.
  
14. Who do you want to be the alternate agent for your Durable Power of Attorney for Financial Matters if your first choice is unable to serve?
  
15. Who do you want to be your agent, also called an attorney-in-fact, for your Durable Power of Attorney for Health Care decisions? This is the person who will make health care decisions for you if you are unable to make and communicate decisions.
  
16. Who do you want to be the alternate or back-up agent for your Durable Power of Attorney for Health Care if your first choice is unable to serve?
  
17. Name of person whom you want to be your personal representative (sometimes, also called an executor) for your will. The personal representative is the person

who arranges for the transfer of property to those whom you designate in your will. They also are responsible for filing an income tax return for the portion of the year in which you last lived and, if applicable, for your estate.

18. Who do you want to be alternate or successor personal representative if your first choice is unable to serve?
19. Do you want your personal representative to be paid for his/her work? If yes, how much?
20. Do you want your personal representative to be reimbursed for out of pocket expenses he/she may incur while performing his/her duties?
21. Do you want your personal representative to post a bond? A bond is a type of insurance policy that the representative will act honestly.

**C. END OF LIFE**

22. Typically, an End of Life Directive states that medical providers are “to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.” Some people prefer to list specific care or medical procedures that they would like to receive or to be withheld. What, if any, specific medical care or treatments would you like to be included in your End of Life Directive?
23. Do you have any directions you would like to give regarding burial or cremation?
24. Do you have any directions you would like to give regarding your funeral or memorial?

**D. CHILDREN**

25. Who do you want to be the guardian of your minor children?
26. Who do you want to be the alternate for the guardian for your minor children, if your first choice cannot serve?
27. Who do you want to manage the money you give to your minor children?
28. Who do you want to be the alternate to manage the money you give to your minor children, if your first choice cannot serve?
29. Do you want to set up a trust for your minor children? If yes, at what age would you like them to inherit and have sole control of the money; 21, 25, 30, 35?
30. Do you have any adult, disabled family member for whom you would like to set up a trust?

**E. PROPERTY DISTRIBUTION**

31. Please tell me how you want your property distributed, identifying to whom each gift goes. (Note question 34 below.)
32. Montana law allows you to make a list of personal property with designation of to whom you want the items to go. You can make changes to this list. You may not make handwritten changes to your will. The purpose of this law is to allow people to make gifts of sentimental items that they can later alter without going

through the expense and formality of making a new will. Would you like to make such a list?

**F. CHARITY**

33. Do you want to make a gift to a charity or charities?

**G. OTHER**

34. Any other information you think it would be good for me to have.