PECK & TUNESKI, P.C. QUESTIONNAIRE FOR A WILL

Please Print or Type. Please complete every item on this form. If any item does not apply, enter N/A.

State	your full name:	FIRST	MIDDLE	LAST	
1a.	State any other n	ame by which you	have been known:		
1b.	State your age ar	nd date of birth:			
1c.	Social Security N	umber:			
1d.	Sex: Male	Female			
1e.	Employer:				
I curre	ently reside at:				
2a.	Telephone #: Re	sidence		_ Work	
2b.	E-mail address_				
If you	are married, state	your spouse's full	name and date of b	oirth.	
FIRST		MIDDLE		LAST	BIRTH DATE
3a.	Spouse's address	3:			
3b.	Social Security N	umber:			

4. If yo	ou have any children from your present marriage, state the following: (LIST ALL CHILDREN)
<u>NAME</u>	SON/DAUGHTER DATE OF BIRTH ADDRESS
5. If yo	ou have any children from a prior marriage and/or relationship, state the following: (LIST DREN)
<u>NAME</u>	SON/DAUGHTER DATE OF BIRTH ADDRESS
person you single pare	our children are under age 18, state the <u>full name, address and relationship, if any,</u> of the wish to act as their Guardian and or their Trustee in the event of your death if you are and or, in the case of the joint death of you and your spouse, if you are married. You should consent of that person before executing your Will.
	Guardian does not inherit any portion of your estate unless you so desire. If you are married will only be appointed under the terms of your Will if both yourself and your spouse are
6a.	Guardian(s):
Guardian	Name(s):(Relationship if any) Address:
	Telephone#:

Succe	ssor G	uardian(s) Name(s):
		Name(s):(Relationship if any) Address:
		Telephone #:
6b.		<u>Trustee(s)</u>
Truste	e: Per	son who holds property for the benefit of another.
Trustee(s)	e(s)	Name(s):(Relationship if any)
		Address:
		Telephone#:
Succe	ssor Tr	rustee(s) Names(s):
		(Relationship if any) Address:
		Telephone#:
7.	Please	e give the following information:
	7a	Real estate owned by you individually or with others. Please state how title is held (i.e.,

7a. Real estate owned by you individually or with others. Please state how title is held (i.e., joint tenants with rights of survivorship, tenants in common, etc.):

<u>Address</u>	How Title Held	<u>Value</u>	<u>Mortgage</u>

7b. Approximate value of all assets (i.e., bank accounts, stocks, bonds, mutual funds, real estate, etc.) which you own **solely in your name**:_____

	7c.	Approximate value of all assets (i.e., bank accounts, stocks, bonds, mutual funds, real estate, etc.) which you jointly own with another :
	7d.	Approximate amount of life insurance on your life. Specify name of Company and Beneficiary.
	7e.	Are you the beneficiary under any trust document(s)? If so, please state the nature of the trust and attach a copy of the trust document.
8.	What	is the likelihood of a substantial inheritance in the near future?
9.	9a.	Most married people provide that, upon their death, their property passes to the surviving spouse. If your spouse dies before you or you disinherit your spouse, you may elect: PLEASE CHECK NEXT TO NUMBER (1) OR (2), WHICHEVER OPTION YOU PREFER.
		OR, if you are <u>UNMARRIED</u> WITH <u>CHILDREN</u> , upon your death, your property should pass: PLEASE CHECK NEXT TO NUMBER (1) OR (2), WHICHEVER OPTION YOU PREFER.
	1)	That your property be divided in equal shares among all your then living children-OR

Please check one	Please check one of the following boxes:				
I wish my property	I wish my property to pass to my spouse and then my children as checked above.				
I wish my property	to pass to my children as checked	above.			
I do not wish to ha	I do not wish to have my property pass to my spouse.				
I do not wish to ha	ve my property pass to my spouse o	r children.			
9b. Distribution of Asso be distributed to a specific ber	ets upon death: Specific Bequests: neficiary.	List any specific items that you wis			
	· · · · · · · · · · · · · · · · · · ·				
Beneficiary	Relationship	Item			
_					
O State the full name and a	addrage of the person you wish to a	one as Evacutor of your actate			
he event the Executor you appo	address of the person you wish to soint declines or is unable to fulfill the	•			
		•			
ne event the Executor you appo		•			
ne event the Executor you appounce executor. EXECUTOR/EXECUTRIX:		position as Executor, please elect			

SUCCESSOR EXECUTOR/EXECUTRIX: (in the event named Executor(trix) is unwilling or unable to serve.)
Name:
Address:
Telephone Number:
11. Do you desire the Guardian, if any, and your Executor(trix) to serve without the necessity obtaining a bond?
NOTE: Customarily, a Guardian and Executor(trix) serve without bond. If a Guardian or Executor(trix serves with a bond, your estate will have to post the bond premium each year the bond is in effect.
12. If there is any additional information you feel would aid us in preparing your Will, please write in the space provided below or attach your separate notation.
13. Do you presently have a Will and/or Codicils to that Will? If you do, please attach a copy to you completed will questionnaire when it is returned to the office.
This Questionnaire should be returned to PECK & TUNESKI, P.C., 10 PEARL STREET, P.O. BOX 37 NEW LONDON, CONNECTICUT 06320 or FAX 860-447-3150. PLEASE VISIT OUR WEBSITE AT www.Peck-Tuneski.com for email transmission of a Will questionnaire.
I direct that no other relatives, persons or other entities shall be included in my Will other than those named herein.
I acknowledge that I have disclosed on this questionnaire all assets held solely in my name or joint with third parties.
Signature: Date: