

MASSACHUSETTS CENTER FOR ESTATE PLANNING AND ADMINISTRATION

SIMPLE WILL QUESTIONNAIRE

Please provide us with the following information in order to assist us in the preparation of your Simple Will. (When providing a person's name, please include his or her middle initial.)

Full Name: _____

Residential Address: _____

Date of Birth: _____

Email Address: _____

Are you a Massachusetts resident: Yes _____ No _____

If married, please provide the full name, date of birth, and residential address of your spouse:

If you have children, please provide his/her full name(s), date(s) of birth, and residential address(es):

If you own real estate, please provide the complete address for each property: _____

Please state who you would like to appoint as your Executor and Alternate Executor (please provide their full names and residential addresses):

Please state who you would like your estate to go to (please provide his/her/their full name(s) and residential address(es):

Please state who you would like your estate to go to in the event that the person(s) named in the preceding paragraph should predecease you (please provide his/her/their full name(s) and residential address(es):

*Please note that the above-referenced questions pertain to a Simple Will only. Should you require additional provisions in your Will that do not pertain to the above-referenced questions, the legal

work for the Will shall be billed at the hourly rate of \$225.00 per hour instead of the Simple Will flat fee of \$249.00.