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## PLANNING DOCUMENTS QUESTIONNAIRE

YOUR NAME: \_\_\_\_\_  
                                    First                                    Middle                                    Last

ADDRESS: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **LAST WILL & TESTAMENT**

A Last Will & Testament expresses your wishes as to how your property is to be distributed after your death and as to which person is to manage your property (the Executor) until its final distribution. If you die without a Last Will & Testament, state law determines who will receive your property and the Probate Court will appoint a personal representative to manage your property until its final distribution.

**Primary Beneficiary or Beneficiaries of Will** (person(s) you leave your property to):

\_\_\_\_\_ Relationship to You  
Legal Name

\_\_\_\_\_ Relationship to You  
Legal Name

\_\_\_\_\_ Relationship to You  
Legal Name

**Alternate Beneficiary or Beneficiaries of Will** (if the above Primary beneficiaries die before you):

\_\_\_\_\_ Relationship to You  
Legal Name

\_\_\_\_\_ Relationship to You  
Legal Name

\_\_\_\_\_ Relationship to You  
Legal Name

**Specific Bequests:** Generally, we discourage specific bequests. However, they can be appropriate if you want to leave a unique and special piece of personal property to a person other than the primary beneficiary.

**Primary Executor of Estate** (Person in charge of managing your estate): \_\_\_\_\_

**Alternate Executor of Estate** (If Primary cannot serve): \_\_\_\_\_

If any beneficiary listed above is a minor child, make the following selections:

**Trustee** (person who administers trust for benefit of minor): \_\_\_\_\_

**Alternate Trustee:** \_\_\_\_\_

If you have minor child(ren), make the following selections for your Will:

**Guardian** (person who takes care of child if no parent survives): \_\_\_\_\_

**Alternate Guardian:** \_\_\_\_\_

**POWER OF ATTORNEY:**

We can also prepare a power of attorney for you when we prepare the Will if you would like. You should use caution in deciding whether to execute a power of attorney and, if so, who you trust to have this broad authority to act and transact business on your behalf. Generally, if you want a power of attorney, we recommend that it be a Durable Power of Attorney that cannot be used unless you become incapacitated. For a Power of Attorney, you must name a primary Attorney-in-Fact but are not required to name an alternate Attorney-in-Fact.

Would you like a Power of Attorney?    YES                      NO

**Primary Attorney in Fact (person you are giving Power of Attorney to):**

NAME: \_\_\_\_\_  
                    First    Middle    Last

ADDRESS: \_\_\_\_\_  
                    Street    City    State    Zip Code

PHONE: \_\_\_\_\_

**Alternate Attorney in Fact (If Primary cannot serve, person you are giving Power of Attorney to):**

NAME: \_\_\_\_\_  
                    First    Middle    Last

ADDRESS: \_\_\_\_\_  
                    Street    City    State    Zip Code

PHONE: \_\_\_\_\_

**Do you want the Power of Attorney to take effect immediately or only upon your incapacity?**

Take Effect Immediately

Take Effect Upon My Incapacity

**HEALTHCARE PROXY:**

The Healthcare Proxy names a person to make medical decisions for you if you are unable to communicate or become incapacitated. You must name a primary Proxy, but are not required to name an alternate Proxy.

Would you like a Healthcare Proxy?    YES            NO

**Primary Healthcare Proxy (person you are giving authority to; if same as POA above, write “Same”):**

NAME: \_\_\_\_\_  
                                First    Middle    Last

ADDRESS: \_\_\_\_\_  
                                Street    City    State    Zip Code

PHONE: \_\_\_\_\_

**Alternate Healthcare Proxy (If Primary cannot serve, person you are giving authority to):**

NAME: \_\_\_\_\_  
                                First    Middle    Last

ADDRESS: \_\_\_\_\_  
                                Street    City    State    Zip Code

PHONE: \_\_\_\_\_

**ADVANCE DIRECTIVE FOR HEALTHCARE a.k.a Living Will**

An Advance Directive allows you to instruct your physicians and family whether you would want life support and/or a feeding tube in certain scenarios by making selections on the document prior to signing it.

Would you like an Advance Directive?            YES            NO

Are you an organ donor?            YES            NO

**USE THE SPACE BELOW FOR ANY ADDITIONAL NOTES OR QUESTIONS:**