

**ATG Resources, Inc.                      Tel: 908-256-9423**  
**General guidelines to assist you for attorney preparation of estate docs**

UNCOMPLICATED WILL QUESTIONNAIRE

DATE: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

I. BENEFICIARY: Name, address, phone number & relationship and what should they receive?

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\_\_\_\_\_

II. BACKUP BENEFICIARY: Name, address, phone number & relationship of backup beneficiary if person in (I) above does not survive you.

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\_\_\_\_\_

III. GUARDIAN: If beneficiary is a minor(s), name, relationship, phone # and address of the person who will make a home for the children and be responsible for their upbringing.

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\_\_\_\_\_

IV. TRUSTEE: If beneficiary is a minor(s), name, relationship, phone # and address of the person who will oversee the trust. Also, please identify the age(s) for trust distribution.

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\_\_\_\_\_

V. BACKUP TRUSTEE: Name, relationship, phone # and address of backup trustee if person in (IV) above does not survive you.

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VI. EXECUTOR: Name, relationship, phone # and address of person who will make sure WILL is followed.

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VII. BACKUP EXECUTOR: Name, relationship, phone # and address of backup person who will make sure WILL is followed if person in (VI) above does not survive you.

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