CHICAGO VOLUNTEER LEGAL SERVICES

Because equal access to justice is everyone's fight

Today's Date:

Legal Screener Name:

WILL / POWER OF ATTORNEY QUESTIONNAIRE

PLEASE COMPLETE *ALL* INFORMATION, IF POSSIBLE

Client:

Current Address:

Age: Date of Birth: SSN:

Telephone(s):

Email(s):

If applicable, the client must provide copies of the following documents.

Copy Provided	Document	Date	Location of Original Document
☐ Y ☐ N	Will		
☐ Y ☐ N	Revocable Trust		
☐ Y ☐ N	Irrevocable Trust		
☐ Y ☐ N	Healthcare POA / Living Will		
☐ Y ☐ N	Property Power of Attorney		
☐ Y ☐ N	Life Insurance Policies		
☐ Y ☐ N	Bank Accounts		
☐ Y ☐ N	Real Estate Deed (Home)		
☐ Y ☐ N	Other		
☐ Y ☐ N	Investment and Retirement Accounts		

The client must provide enough information about Life Insurance Policies, Bank Accounts, Investment and Retirement Accounts so that we can determine how these are held (Jointly with Rights of Survivorship), whether they designate beneficiaries, or how if they will pass upon death:

Personal Banker
Bank:
Phone:

Accountant
Firm:
Phone:

Retirement / Investment Advisor / Financial Planner
Firm:
Phone:

Life Insurance Company / Agent
Firm:
Phone:

Other Advisor
(e.g. Business ALawyer, Public Benefits Planner)
Firm:
Phone:

Safe Deposit Box ☐ Y ☐ N
Bank:
City/State:
Co-Signers:

WILL

Client is ☐ Married ☐ Divorced ☐ Widowed ☐ Never Married

Spouse:

Name Address:

Gather as much information as possible regarding separated spouse so that client can be advised regarding renunciation of will by spouse. If will renounced, spouse entitled to 1/3 estate if testator leaves a descendant or 1/2 of estate if no descendant.

Previous Marriages:

For prior marriages, please indicate name of prior spouse, marriage date, termination date, reason for termination (divorce, death) and whether prior spouse is living.

Client must provide copy of divorce decrees and/or death certificates.

Please list children in order of birth.

Chidren	Male or Female?	Parent	City and State of Residence (if not residing with you)	Birth Date MM/DD/YY	Spouse (if married)
1	☐ M ☐ F				
Notes*:					
2	☐ M ☐ F				
Notes*:					
3	☐ M ☐ F				
Notes*:					
4	☐ M ☐ F				
Notes*:					
5	☐ M ☐ F				
Notes*:					
6	☐ M ☐ F				
Notes*:					
7	☐ M ☐ F				
Notes*:					
8	☐ M ☐ F				
Notes*:					
9	☐ M ☐ F				
Notes*:					
10	☐ M ☐ F				
Notes*:					
11	☐ M ☐ F				
Notes*:					

Continue on reverse if necessary.

In the case of each grandchild listed below, indicate that grandchild's parent by placing the number of such parent (from the previous chart) to the left of the grandchild's name.

Grandchildren/ Great Grandchildren	Male or Female?	Parent	City and State of Residence (if not residing with you)	Birth Date MM/DD/YY	Spouse (if married)
	☐ M ☐ F				
Notes*:					
	☐ M ☐ F				
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* Note if adopted or deceased and any relevant issues regarding health, financial condition, or ability to handle money responsibly. Note if a child has or is likely to require a guardian (if or when the child is over age 18), or may be eligible for public benefits, complete a Supplemental Questionnaire for Special Needs Planning for that child. Please contact us if you do not already have the Supplemental Questionnaire.

Sibling 1 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Sibling 2 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Sibling 3 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Sibling 4 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Sibling 5 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Sibling 6 (include deceased siblings)	Spouse (if married)	City and State of Residence	☐ Deceased ☐ Half-Sibling ☐ Step-Sibling

Parents (include deceased parents)	Age	City and State of Residence	Deceased	Notes (include relevant health or financial condition)
			☐	
			☐	
			☐	
			☐	

Please list other relatives, friends, or charities to be considered in estate plans:

Executor and Successor Executor of Will:

	Name	Relationship	Address	Telephone
Executor:				
Successor:				

Specific bequests: real AND personal property to be distributed on death by will

Description of property	Beneficiary(ies) and their share

Residual Estate: real AND personal property not specifically bequeathed will be distributed in this manner (e.g. to my surviving children in equal shares OR to my children per stirpes OR to XYZ Charitable Organization):

Property passing outside of probate: real AND personal property or other per designation of beneficiary (i.e. Joint Tenancy, Life Insurance Proceeds with beneficiary designation, Pay on Death Accounts other benefits)

(If client has life insurance policy, annuity, pension, etc., determine whether a beneficiary is designated)

The client may name a **guardian** in a Will or POA if minor or adult disabled dependent:

Disposition of Remains / Funeral Arrangements:

Health Care Powers of Attorney

	Name	Relationship	Address	Telephone
Agent:				
Successor:				

Print, review with client and attach POA forms for 1) review or Notice language to Client and 2) limitations on authority and additional questions for Client to answer.

Property Powers of Attorney

	Name	Relationship	Address	Telephone
Agent:				
Successor:				

Print, review with client and attach POA forms for 1) review or Notice language to Client and 2) limitations on authority and additional questions for Client to answer.

For Statutes related to Powers of Attorney see Act 45 of Chapter 755.
Property POA Statute 755 ILCS 43/3-1 et. al.
Health Care POA Statute 755 ILCS 45/4-1 et. al.

MEMORANDUM OF CASE

BRIEF SUMMARY: Why has PC contacted CVLS? What does PC ultimately want?

DETAILED SUMMARY:
Please provide a detailed description of the client's legal matter. This summary may include a timeline of events, the parties involved, and your opinion on whether the client would be an appropriate pro bono client. (Organized, sympathetic, difficult).

UPCOMING COURT DATES OR COURT ACTIVITY:

INTERVIEWER NOTES/ADDITIONAL INFORMATION: