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## **Client Questionnaire**

Please complete this questionnaire as best you can and bring it with you to our initial conference. This information is necessary to plan and draft your will and/or trust. The chief disadvantage of a questionnaire is that many clients do not like to fill them out, which sometimes slows down the estate planning process. For 2026, the federal estate tax **exemption amount is \$15 million per individual (\$30 million per married couple)**, and the top tax rate remains at **40%**. This exemption is permanent unless changed by future legislation.

**IF YOU ARE EXEMPT FROM FEDERAL ESTATE TAX DO NOT PROVIDE ANY INFORMATION OR COPIES OF BANK STATEMENTS, INSURANCE POLICIES, OR OTHER TRUSTS IN WHICH YOU ARE A BENEFICIARY.**

For most estates you should be able to complete this questionnaire in less than 20 minutes. If you are married, only one of you need to complete this questionnaire.

I want to advise you about my office policy regarding privacy of client information. In this questionnaire, you will provide my office with nonpublic information about yourself, your family, and your personal property. This nonpublic information is necessary so I can advise you regarding your estate plan. It is my office policy *never* to disclose any such nonpublic information to anyone, except where you specifically request in writing . Further, for your protection and privacy my website does not allow you to electronically transmit your questionnaire to my office. You must print it out, complete it, and then bring it to our initial office consultation. If you do not have a printer, please tell my secretary and arrange to come in 15-20 minutes before your initial office consultation to complete your questionnaire at my office.

Client Questionnaire

My office will retain records and files relating to the drafting of your will and/or trust. In order to guard your nonpublic personal information, my office maintains physical, electronic, and procedural safeguards that comply with the Code of Professional Responsibility that governs the legal profession. Please call us with any questions that you have about protecting your privacy.

**PLEASE PRINT**

Date: \_\_\_\_\_ 2026

Legal Insurance (ARAG or MetLife Legal Plans)

Legal Insurance Company \_\_\_\_\_

Legal Insurance Case or Eligibility Number:  
\_\_\_\_\_

**A. Personal Profile**

**1. Client**

Full name: \_\_\_\_\_

Other names used \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

Business occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Work fax number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Period of residence in California: \_\_\_\_\_

State of health: \_\_\_\_\_

If veteran, supply I.D. number, branch of service, and discharge date:  
\_\_\_\_\_

2. Spouse (if any)

Full name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

Business or occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Period of residence in California: \_\_\_\_\_

State of health: \_\_\_\_\_

If veteran, supply I.D. number, branch of service, and discharge date:  
\_\_\_\_\_

3. Domestic partner (if any)

Full name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

Business or occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Social security number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Period of residence in California: \_\_\_\_\_

State of health: \_\_\_\_\_

Have you adopted your partner or has your partner adopted you?  
\_\_\_\_\_ If yes, attach copy of decree of adoption.

#### 4. Marital relationships

##### a. Current

*i.* If you are currently married, please give the date and place of marriage: \_\_\_\_\_  
\_\_\_\_\_

*ii.* Since your marriage, have you and your spouse resided outside California? \_\_\_\_\_ If yes, please list the dates and place(s) of your out-of-state residence(s):  
\_\_\_\_\_  
\_\_\_\_\_

*iii.* Have you and your spouse executed a prenuptial agreement or post marital agreement? \_\_\_\_\_ If yes, please attach a copy of the agreement.

*iv.* Are you in the process of getting a divorce? \_\_\_\_\_

Are you and your spouse separated? \_\_\_\_\_

If separated, please give the date of separation:

\_\_\_\_\_

b. Prior marriages of client

i. Have you ever been married before?

\_\_\_\_\_

ii. If yes, give the following information for each former marriage (please attach sheets, if necessary):

(a) Name of former spouse:

\_\_\_\_\_

(b) Dates of marriage: \_\_\_\_\_

(c) Was the marriage ended by death or divorce?

\_\_\_\_\_

(d) If the marriage ended in divorce, please attach copies of the following:

(i) Interlocutory judgment if entered before July 1, 1984, or judgment if entered on or after that date;

(ii) Any order modifying the interlocutory judgment or judgment;

(iii) Marital termination agreement if not expressly set out in, or physically attached to, the interlocutory judgment or judgment; and

(iv) Any agreements modifying the terms of the marital termination agreement

c. If you are unmarried, do you plan to marry in the near future?

\_\_\_\_\_ If yes, please give the name of your intended spouse:

\_\_\_\_\_

5. Nonmarital relationships

a. If you currently have a domestic partner, please indicate how long you have been in this relationship:

\_\_\_\_\_

b. During your relationship, have you and your domestic partner resided outside California? \_\_\_\_\_ If yes, please list the dates and place(s) of your out-of-state residence(s): \_\_\_\_\_

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- 
- c. Have you and your domestic partner signed any agreement describing rights and obligations with respect to each other? \_\_\_\_\_ If yes, please attach a copy of the agreement.
- d. Have you and your domestic partner (or former domestic partner) filed a declaration of domestic partnership with the Secretary of State? \_\_\_\_\_
- e. Do you have any financial obligation to any former domestic partner from a domestic partnership for which no declaration of domestic partnership was filed with the Secretary of State or does any former domestic partner have any financial obligation to you?

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If yes, please describe:

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f. Prior domestic partnerships of client

Have you ever been in a domestic partnership before for which a declaration of domestic partnership was filed with the Secretary of State at any time?

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ii. If yes, give the following information for each former domestic partner (please attach sheets, if necessary):

(a) Name of former domestic partner:

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(b) Dates of domestic partnership:

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(c) Was the partnership ended by death or dissolution?

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(d) If the partnership ended in dissolution or termination, please attach copies of the following:

(i) Judgment of dissolution or notice of termination;

- (ii) Any order modifying the judgment;
- (iii) Partnership termination agreement if not expressly set out in, or physically attached to, the judgment; and
- (iv) Any agreements modifying the terms of the partnership termination agreement

g. If you do not have a registered domestic partner, do you plan to register as a domestic partner in the near future? \_\_\_\_\_

If yes, please give the name of your intended domestic partner:

\_\_\_\_\_

## 6. Children

a. Living children of current marriage or relationship (please attach additional sheets for additional children)

### i. Child 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status and/or name of spouse:

\_\_\_\_\_

Occupation: \_\_\_\_\_

### ii. Child 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status and/or name of spouse:

\_\_\_\_\_

Occupation: \_\_\_\_\_

b. Living children of prior marriage or relationship (please attach additional sheets for additional children)

i. Child 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status and/or name of spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of parent other than client: \_\_\_\_\_

ii. Child 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status and/or name of spouse: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of parent other than client: \_\_\_\_\_

c. Living children of spouse or domestic partner by prior marriage or relationship (please attach additional sheets for additional children)

i. Child 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status or name of spouse or domestic partner:  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Name of natural parent other than spouse or domestic partner:  
\_\_\_\_\_

Have you legally adopted this child? \_\_\_\_\_

ii. Child 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Marital status or name of spouse or domestic partner:  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Name of natural parent other than spouse or domestic partner:  
\_\_\_\_\_

Have you legally adopted this child? \_\_\_\_\_

d. Deceased children of client and spouse or domestic partner  
(please attach additional sheets for additional children)

i. Child 1

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Did this child have any children? \_\_\_\_\_ If yes, please list their names and ages:

\_\_\_\_\_  
\_\_\_\_\_

ii. Child 2

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Did this child have any children? \_\_\_\_\_ If yes, please list their names and ages:

\_\_\_\_\_  
\_\_\_\_\_

e. Do any of the living children listed above have any special needs (e.g., caused by a physical or mental disability)? \_\_\_\_\_ If yes, list the name of the child and describe the problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Do you or your spouse or domestic partner have any child support obligations to a former spouse or domestic partner? \_\_\_\_\_ If yes, please list the name of the child involved, the person who is obligated, and the person to whom he or she is obligated. Describe the nature and extent of the obligation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Grandchildren

Please list the names of your grandchildren. For each living grandchild, provide the address, approximate age, and parents' names. For each deceased grandchild, provide the parents' names. (Please attach additional sheets for additional grandchildren.)

a. Grandchild 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Parents' names: \_\_\_\_\_

b. Grandchild 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Parents' names: \_\_\_\_\_

8. Parents

a. Living parents of client

i. Names: \_\_\_\_\_

\_\_\_\_\_

ii. Addresses: \_\_\_\_\_

\_\_\_\_\_

iii. Ages: \_\_\_\_\_

b. Living parents of spouse or domestic partner

i. Names: \_\_\_\_\_

\_\_\_\_\_

ii. Addresses: \_\_\_\_\_

\_\_\_\_\_

iii. Ages: \_\_\_\_\_

c. Do any of the parents listed above have special needs? \_\_\_\_\_

If yes, please indicate which parent and describe the needs:

\_\_\_\_\_

\_\_\_\_\_

9. Siblings (brothers and sisters)

a. Siblings of client (please attach additional sheets for additional siblings)

i. Sibling 1

Name: \_\_\_\_\_

Living or deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Names and ages of children:

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ii. Sibling 2

Name: \_\_\_\_\_

Living or deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Names and ages of children:

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b. Siblings of spouse or domestic partner (please attach additional sheets for additional siblings)

i. Sibling 1

Name: \_\_\_\_\_

Living or deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Names and ages of children:

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ii. Sibling 2

Name: \_\_\_\_\_

Living or deceased? \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Names and ages of children:

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\_\_\_\_\_  
\_\_\_\_\_

B. Financial Profile

1. Assets

a. Real property (please attach copies of all grant deeds for, and buy-out agreements affecting, parcels of real property listed below)

i. Parcel 1

(a) Address: \_\_\_\_\_  
\_\_\_\_\_

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Type of property (*e.g.*, your residence, rental property, vacation property): \_\_\_\_\_  
\_\_\_\_\_

(d) Date of acquisition and purchase price:  
\_\_\_\_\_  
\_\_\_\_\_

(e) Approximate fair market value:  
\_\_\_\_\_

ii. Parcel 2

(a) Address: \_\_\_\_\_  
\_\_\_\_\_

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Type of property (*e.g.*, your residence, rental property, vacation property): \_\_\_\_\_  
\_\_\_\_\_

(d) Date of acquisition and purchase price:

\_\_\_\_\_  
\_\_\_\_\_

(e) Approximate fair market value:

\_\_\_\_\_

iii. Parcel 3

(a) Address: \_\_\_\_\_

\_\_\_\_\_

(b) Do you believe that your actual ownership interest in this parcel is not accurately reflected by the deed? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) Type of property (*e.g.*, your residence, rental property, vacation property): \_\_\_\_\_

\_\_\_\_\_

(d) Date of acquisition and purchase price:

\_\_\_\_\_

\_\_\_\_\_

(e) Approximate fair market value:

\_\_\_\_\_

b. Cash (*e.g.*, checking accounts, savings accounts, CDs, money market accounts; please attach additional sheets for additional accounts)

i. Account 1

(a) Name of financial institution:

\_\_\_\_\_

\_\_\_\_\_

(b) Location of financial institution:

\_\_\_\_\_

\_\_\_\_\_

(c) Type of account (*e.g.*, checking, savings):

\_\_\_\_\_

\_\_\_\_\_

(d) Approximate balance: \$

\_\_\_\_\_

(e) How is title to this account held?

\_\_\_\_\_

\_\_\_\_\_

ii. Account 2

(a) Name of financial institution:

\_\_\_\_\_

\_\_\_\_\_

(b) Location of financial institution:

\_\_\_\_\_

\_\_\_\_\_

(c) Type of account (*e.g.*, checking, savings):

\_\_\_\_\_

\_\_\_\_\_

(d) Approximate balance: \$

\_\_\_\_\_

(e) How is title to this account held?

\_\_\_\_\_

\_\_\_\_\_

iii. Account 3

(a) Name of financial institution:

\_\_\_\_\_

\_\_\_\_\_

—

(b) Location of financial institution:

\_\_\_\_\_

\_\_\_\_\_

(c) Type of account (*e.g.*, checking, savings):

\_\_\_\_\_

\_\_\_\_\_

(d) Approximate balance: \$

\_\_\_\_\_

(e) How is title to this account held?

\_\_\_\_\_  
\_\_\_\_\_

iv. Account 4

(a) Name of financial institution:

\_\_\_\_\_  
\_\_\_\_\_

(b) Location of financial institution:

\_\_\_\_\_  
\_\_\_\_\_

(c) Type of account (*e.g.*, checking, savings):

\_\_\_\_\_  
\_\_\_\_\_

(d) Approximate balance: \$

\_\_\_\_\_

(e) How is title to this account held?

\_\_\_\_\_  
\_\_\_\_\_

v. Account 5

(a) Name of financial institution:

\_\_\_\_\_  
\_\_\_\_\_

—

(b) Location of financial institution:

\_\_\_\_\_  
\_\_\_\_\_

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(c) Type of account (*e.g.*, checking, savings):

\_\_\_\_\_  
\_\_\_\_\_

—

(d) Approximate balance: \$

\_\_\_\_\_

(e) How is title to this account held?

\_\_\_\_\_

- 
- c. Securities (*e.g.*, common stock, preferred stock, corporate bonds, commodities, municipal bonds, government savings bonds, treasury bills, limited partnership interests, mutual funds)

Please list each security that you own. Indicate how many you own, the current value of your holdings, and how title to the security is held (*e.g.*, 200 shares of International Paper common stock; \$10,000; John Smith and Kevin Daniels as joint tenants):

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- ii. Do you own any stock in a professional corporation?

\_\_\_\_\_

If yes, give the name of the corporation:

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- iii. Do you own stock in a close corporation? \_\_\_\_\_

If yes, list the name of the corporation:

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- iv. Do you own ESOP stock? \_\_\_\_\_

- v. Have you entered into any shareholders' agreements affecting your stocks? \_\_\_\_\_

- d. Client-owned business

i. Name of business: \_\_\_\_\_

ii. Type of business (*e.g.*, sole proprietorship, partnership, corporation): \_\_\_\_\_

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iii. Nature of business and location:

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iv. Co-owners and ownership interest of each:

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v. Fair market value of business:

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vi. Have you entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension or profit-sharing plan? \_\_\_\_\_ If yes, please attach a copy of each agreement and plan

e. Retirement and other employee benefits

i. Please list all retirement assets, including IRA accounts, Keogh plans, pension plans, profit-sharing plans, annuities, deferred compensation plans, and social security benefits. In your description of each asset, include its value (assuming a current date of death). If you have designated a death beneficiary for the asset, indicate who the beneficiary is:

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ii. Please list all currently owned benefits (other than retirement assets) relating to your present and/or former employment, including stock purchase plans, stock options, and bonus plans. Include the value of each benefit and the name of its death beneficiary, if one has been designated: \_\_\_\_\_

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f. Life insurance (policies in which client, spouse, or domestic partner is the insured party)

i. Policy 1

(a) Insurance company: \_\_\_\_\_

- (b) Life insured: \_\_\_\_\_
- (c) Owner of policy: \_\_\_\_\_
- (d) Type of policy (*e.g.*, whole life, term):  
\_\_\_\_\_
- (e) Face value of each policy less borrowed amounts:  
\_\_\_\_\_
- (f) Surrender value: \_\_\_\_\_
- (g) Beneficiary: \_\_\_\_\_

ii. Policy 2

- (a) Insurance company: \_\_\_\_\_
- (b) Life insured: \_\_\_\_\_
- (c) Owner of policy: \_\_\_\_\_
- (d) Type of policy (*e.g.*, whole life, term):  
\_\_\_\_\_
- (e) Face value of each policy less borrowed amounts:  
\_\_\_\_\_
- (f) Surrender value: \_\_\_\_\_
- (g) Beneficiary: \_\_\_\_\_

iii. Policy 3

- (a) Insurance company: \_\_\_\_\_
- (b) Life insured: \_\_\_\_\_
- (c) Owner of policy: \_\_\_\_\_
- (d) Type of policy (*e.g.*, whole life, term):  
\_\_\_\_\_
- (e) Face value of each policy less borrowed amounts:  
\_\_\_\_\_
- (f) Surrender value: \_\_\_\_\_
- (g) Beneficiary: \_\_\_\_\_

iv. Policy 4

- (a) Insurance company: \_\_\_\_\_

- (b) Life insured: \_\_\_\_\_
- (c) Owner of policy: \_\_\_\_\_
- (d) Type of policy (*e.g.*, whole life, term):  
\_\_\_\_\_
- (e) Face value of each policy less borrowed amounts:  
\_\_\_\_\_
- (f) Surrender value: \_\_\_\_\_
- (g) Beneficiary: \_\_\_\_\_

g. Promissory notes

For each promissory note in which you have an ownership interest, list the name of the payer, the name(s) of the payee(s), and the current outstanding balance on the note. Please attach a copy of each note and security agreement or deed of trust, if any: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

h. Beneficial interest in trust

- i. Are you a beneficiary of a trust?
- ii. If yes, please provide a copy of the trust document and all amendments to it and complete the following:
  - (a) Name of trust: \_\_\_\_\_
  - (b) Name of trustee: \_\_\_\_\_
  - (c) Value of trust principal and income:  
\_\_\_\_\_  
\_\_\_\_\_

- i. For each automobile, truck, trailer, recreational vehicle, boat, and airplane that you own, please list the model and year, the current value, and the title as shown on the ownership document: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

j. Tangible personal property

Please list all tangible personal property of significant value that you own, including, *e.g.*, artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs. Indicate the approximate fair market value of each item. If the item is not entirely owned by you, list the co-owners and their ownership interests in the item: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

k. Other assets (*e.g.*, interest in lawsuit, copyrights, patents, mineral rights)

Please list any asset you own that has not been listed above, except for tangible personal property of an ordinary nature. Describe each asset and state its current value:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

l. Do you believe that your actual ownership interest in any asset listed above is *not* accurately reflected by the title document for the asset? \_\_\_\_\_ If yes, list all assets whose title documents do not conform to actual ownership interests and describe the actual interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

m. Digital assets

Please list any digital assets that you own and indicate what should happen with each asset in case of your disability or death and whether there is any sensitive information you do not wish to share with your family members. Either list the usernames and passwords for each asset here, or keep a list of the access information in a secure location:

i. Your personal and professional computers, tablets, notebooks, and smartphones:

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ii. Your personal and professional e-mail addresses:

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iii. Online access information for each bank and brokerage account, or other online bill-paying and purchasing account (*e.g.*, PayPal, E\*Trade):

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iv. Blogs, webpages, and domain names:

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v. Social networking profiles (*e.g.*, Facebook, Twitter, LinkedIn):

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vi. Digital photos:

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vii. Any other online accounts:

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## 2. Liabilities

Please list all your liabilities and provide the name of the creditor, the amount owed, the names of any co-debtors, and the property that secures the debt, if any, for each (you need not list a revolving or charge account unless the outstanding balance exceeds \$5000):

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3. Do you have a safe deposit box? \_\_\_\_\_ If yes, please give the box number and the name and address of the financial institution where the box is located: \_\_\_\_\_

Provide the name of any person who has direct access to your safe-deposit box: \_\_\_\_\_

Do you intend this person to receive the contents of the safe-deposit box at your death? \_\_\_\_\_ Where do you keep the keys to the safe-deposit box? \_\_\_\_\_

4. Do you expect to inherit some property in the near future? \_\_\_\_\_  
If yes, please describe what you expect to inherit and from whom:

5. What is the approximate net worth of your spouse or domestic partner? \$ \_\_\_\_\_

6. Have you made gifts to anyone of over \$10,000? \_\_\_\_\_ If yes, please provide the name of the person to whom you made the gift, a description of what was given, the value of the gift when the gift was made, and the year in which the gift was made. If you filed gift tax returns, please attach a copy: \_\_\_\_\_

7. If you currently have a will (including any codicils and letters of instructions) and/or a revocable living trust, please attach copies. If you have executed a durable power of attorney of any sort, attach a copy of it.

8. If you wish to be an organ and tissue donor, have you executed an organ donor card or indicated your donative intent in a durable power of attorney for health care or on your driver's license? \_\_\_\_\_ Have you informed your family of your donative intent? \_\_\_\_\_ (Many physicians will not carry through on organ removal, even if the decedent expressed donative intent in writing, unless authorization is obtained from the decedent's next of kin at the time of death.)

9. Please indicate any burial or funeral instructions you wish to be followed. If you have already prepared such instructions, please attach.

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