

# SULLIVAN LAW OFFICE

Alaina S. Sullivan, Esq.

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## Estate Planning Questionnaire:

Please complete the following questions after careful consideration of your estate plan. Bring to your initial meeting or mail to: Sullivan Law Office, P.O. Box 767, Oxford, Michigan 48371.

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

County of residence: \_\_\_\_\_ State of residence: \_\_\_\_\_

Please list the individual you wish to be in charge of handling your estate upon your death. These individuals are your Personal Representatives. It is highly recommended at least two individuals be listed in the event the preceding individual is unable or unwilling to accept this appointment.

### Personal Representative:

\_\_\_\_\_

### Alternate Personal Representative:

\_\_\_\_\_

### Second Alternate Personal Representative:

\_\_\_\_\_

If you have minor children, you will need to appoint someone to be a guardian upon your death. Please carefully consider who you wish to be that guardian. Please note that this individual does not need to be your Personal Representative or your chosen Power of Attorney or Health Care Representative.

### Guardian:

\_\_\_\_\_

### Alternate Guardian:

\_\_\_\_\_

### Second Alternate Guardian:

\_\_\_\_\_

By law, your spouse, if you are married, will automatically receive your estate upon your death. If you are not married, your property will then go to your living children. Please list the names of these individuals.

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**Spouse's full legal name:**

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Full legal names of all children:

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If you would like your property to go to someone other than your spouse and/or children, please list the name(s) of these individuals below. Consider several individuals as you will need to appoint who will receive your property upon the death of the previous person.

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In the event that your spouse and all lineal descendants or appointed recipients of your estate are deceased, it is advised you choose an entity, profit or non-profit, to receive your estate. This can be in full or divided amongst several entities by a percentage. Please list your wishes below:

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**Please answer the following questions if you wish to appoint a Power of Attorney and/or Health Care/Medical Power of Attorney. Please note these do not have to be the same individuals. Please consider at least one alternate in the event your initial choice does not wish to or is unable to accept the appointment.:**

**Power of Attorney:**

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**Alternate Power of Attorney:**

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**Second Alternate Power of Attorney:**

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**Medical Power of Attorney:**

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**Alternate Power of Attorney:**

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**Second Alternate Power of Attorney:**

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*Thank you! Additional information may be requested at our initial meeting.*