

Alaska Legal Services Corporation  
419 6<sup>th</sup> Street, Suite 322 Juneau, Alaska 99801  
907-586-6425 or 1-800-789-6426

**Will & Estate Planning Questionnaire**

The information requested in this questionnaire is necessary for review of your application for assistance. Please fill it out as completely as possible, and return it to the address above. If you have questions or do not understand part of this questionnaire, please call.

**INFORMATION ABOUT YOU & YOUR FAMILY**

Full Name \_\_\_\_\_

Do you use any other names? \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_

Parents Father \_\_\_\_\_ Mother \_\_\_\_\_

Do you have living siblings? Yes No

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Marital Status \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_ never married

If you have ever been married,

Spouse's Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

If you are not still married, how did this marriage end? \_\_\_\_\_ divorce \_\_\_\_\_ death

Spouse's Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

If you are not still married, how did this marriage end? \_\_\_\_\_ divorce \_\_\_\_\_ death

Do you have children? Yes No

If you have children still living

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Natural Adopted

If you have children who are now deceased

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Natural Adopted  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Natural Adopted  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Natural Adopted

Do you have grandchildren? Yes No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent \_\_\_\_\_

**INFORMATION ABOUT YOUR PROPERTY**

Do you own a home? Yes No

Where is it located? \_\_\_\_\_

Are you the sole owner? Yes No

If not, who is the co-owner? \_\_\_\_\_

**Who do you wish to leave your home to?** \_\_\_\_\_

Do you own any other homes, not including campsites? Yes No

Where is it located? \_\_\_\_\_

Are you the sole owner? Yes No

If not, who is the co-owner? \_\_\_\_\_

**Who do you wish to leave this home to?** \_\_\_\_\_

Do you own any land? Yes No

Townsite(s) Yes No Village/Town \_\_\_\_\_

Native Allotment(s) Yes No Number \_\_\_\_\_

Campsite(s) Yes No

Unrestricted Land(s) Yes No

Where is your land located?

Townsite(s) \_\_\_\_\_

Native Allotment(s) \_\_\_\_\_

Campsite(s) \_\_\_\_\_

Unrestricted Land(s) \_\_\_\_\_

**Who do you wish to leave your townsite to?** \_\_\_\_\_

**Who do you wish to leave your allotment to?** \_\_\_\_\_

**Who do you wish to leave your campsite to?** \_\_\_\_\_

**Who do you wish to leave your other land to?** \_\_\_\_\_

Do you have any bank accounts?    Yes                  No

Bank \_\_\_\_\_ Kind of Account \_\_\_\_\_

Bank \_\_\_\_\_ Kind of Account \_\_\_\_\_

Bank \_\_\_\_\_ Kind of Account \_\_\_\_\_

**Who do you wish to leave this money to?** \_\_\_\_\_

Do you have any shares of ANCSA stock?    Yes                  No

Corporation \_\_\_\_\_ Number of Shares \_\_\_\_\_

**Who do you wish to leave these shares to?** \_\_\_\_\_

Corporation \_\_\_\_\_ Number of Shares \_\_\_\_\_

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Corporation \_\_\_\_\_ Number of Shares \_\_\_\_\_

**Who do you wish to leave these shares to?** \_\_\_\_\_

Corporation \_\_\_\_\_ Number of Shares \_\_\_\_\_

**Who do you wish to leave these shares to?** \_\_\_\_\_

Do you own any life insurance?    Yes                  No

*Please attach copies of the policies to this questionnaire.*

Do you own a boat, fishing gear, motor, skiff, kayaq, etc.?      Yes      No

Describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you wish to leave these to? \_\_\_\_\_**

Do you own a limited entry fishing permit?      Yes      No

Permit number \_\_\_\_\_

**Who do you wish to leave this permit to? \_\_\_\_\_**

Do you own a truck, car, 4-wheeler, snowmachine, or other vehicle?      Yes      No

Describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you wish to leave these to? \_\_\_\_\_**

Do you own any guns, rifles, knives, bows, harpoons, etc.?      Yes      No

Describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you wish to leave these to? \_\_\_\_\_**

Do you own a TV, VCR, DVD, stereo or other electronics?      Yes      No

Describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you wish to leave these to? \_\_\_\_\_**

Do you own any carvings, furs, jewelry, antiques, or other valuables?      Yes      No

Describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you wish to leave these to? \_\_\_\_\_**

Everything that you not give to a specific person in your will goes into the "residue." Who do you wish to receive the remainder of your belongings? \_\_\_\_\_

**INFORMATION ABOUT ADMINISTRATION OF YOUR ESTATE**

Who do you want to be in charge of taking care of your estate? \_\_\_\_\_

Where do they live? \_\_\_\_\_

Who is your second choice to be in charge of your estate? \_\_\_\_\_

Where do they live? \_\_\_\_\_

**INFORMATION ABOUT GUARDIANS, ETC.**

If you have children who are still minors, it is a good idea to designate a person to take care of them should you die before they are 18. Who do you wish to designate as guardian for your children?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

*If you and the other parent are divorced, please attach a copy of any custody agreement or court order regarding the children.*

Is anyone to whom you wish to leave property disabled?    Yes                  No

If so, who? \_\_\_\_\_ Disability \_\_\_\_\_

**INFORMATION ABOUT PAST WILLS**

Have you ever made a will before?                  Yes                  No

If so, when? \_\_\_\_\_ Did ALSC help you?                  Yes                  No

*Please attach a copy any will you have made before now.*