



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Names: _____

Address: _____

Tel Nos.: _____

Email Address: _____

Children's Names: _____

Ages: _____

A. GUARDIAN: *(If neither spouse is living, for children under 18 years old or disabled. If desired, separate guardians can be appointed for physical care and financial administration of the estate.)*

	<u>Name</u>	<u>Address</u>
(1)	_____	_____
(2)	_____	_____

B. EXECUTOR: *(Carries out terms of the Will.)*

	<u>Name</u>	<u>Address</u>
(1)	_____	_____
(2)	_____	_____

C. HEALTH CARE PROXY: *(Makes medical decisions on your behalf if you are unable.)*

	<u>Name</u>	<u>Address</u>	<u>Phone(s)</u>
(1)	_____	_____	_____
(2)	_____	_____	_____

D. DURABLE POWER OF ATTORNEY: *(Makes financial decisions if you are unable.)*

	<u>Name</u>	<u>Address</u>	<u>Phone(s)</u>
(1)	_____	_____	_____
(2)	_____	_____	_____

Return to:

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