

Based on the information that you supply Dawson Legal Documents & Services LLC in this questionnaire we will prepare your Last Will and Testament, General Power of Attorney, Health Care Power of Attorney and Living Will.

The cost to prepare this Will package is \$260.00. If a couple has two packages prepared then we charge \$390.00 total. If there will be two people each person needs to fill in a questionnaire.

Payment is due upon acceptance of the documents.

DAWSON LEGAL DOCUMENTS & SERVICES

CONFIDENTIAL CLIENT QUESTIONNAIRE – LAST WILL & TESTAMENT PACKAGE

I understand that Dawson Legal Documents & Services LLC is an Arizona Certified Legal Document Preparation Company. My documents will be prepared by an Arizona Certified Legal Document Preparer (AZCLDP). I understand that AZCLDP’s are not attorneys and cannot give legal advice or opinion. Though Dawson Legal Documents & Services LLC must respect client confidentiality, no Attorney/Client Privilege exists.

Dawson Legal Documents & Services LLC can give me legal facts and explain options I may have available, they cannot advise or recommend to me what options to select.

YOUR INFORMATION

Name: _____

Mailing address: _____

Phone number: _____

IF THE WILL IS FOR SOMEONE ELSE PLEASE GIVE THEIR INFORMATION HERE

Name: _____

Mailing address: _____

Phone number: _____

NAME A PERSONAL REPRESENTATIVE The personal representative is the person who will administer your will after your death.

Name: _____

NAME OF ALTERNATE PERSONAL REPRESENTATIVE:

If the Personal Representative named above cannot act for some reason who would you like to act for you? Naming this person is not a requirement, just a fallback.

Name: _____

Dawson Legal Documents & Services LLC
2855 S 4th Ave, Ste 120
Yuma, AZ 85364
928 726-6661

SPOUSE'S NAME IF MARRIED

Name: _____

CHILDREN'S INFORMATION

Name all of your children even if you do not want to leave them anything. This should include all of your natural children as well as any that were legally adopted.

DO YOU HAVE ANY CHILDREN YOU SPECIFICALLY WISH TO DISINHERIT? IF SO GIVE THEIR NAMES.

DO YOU HAVE ANY EX-SPOUSES YOU SPECIFICALLY WISH TO DISINHERIT? IF SO GIVE THEIR NAMES.

EXPLAIN AS THOROUGHLY AS POSSIBLE HOW YOU WISH YOUR ESTATE DIVIDED. BE AS SPECIFIC AS YOU CAN.

HEALTH CARE POWER OF ATTORNEY

This Health Care Power of Attorney gives your agent the authority to make health care decisions for you when you cannot make them for yourself.

PRINCIPAL'S INFORMATION

The Principal is the person who is giving power to act on their behalf to another.

Name: _____
Mailing address: _____
Phone number: _____

AGENT'S INFORMATION

The agent is the person to whom you are giving authority to act on your behalf.

Name: _____
Mailing address: _____
Phone number: _____

ALTERNATE AGENT'S INFORMATION

If the above named agent is unable to act on your behalf for any reason you may appoint an alternate agent. This is not a requirement.

Name: _____
Mailing address: _____
Phone number: _____

If you would like us to supply you with a Living Will please check this box The Living Will is the document you give the hospital that expresses your last wishes with regard to what care you want at the end of life. There is no charge for the Living Will.

The Arizona Secretary of State has a free program in which you can register your health care directives and receive an ID card to carry. If you use this service and a responder assists you in an emergency and finds this card, they can access the Arizona Secretary of States web site and see your Health Care Power of Attorney and Living Will. If you wish to use this service place your 4 last digits of your Social Security number here _____ and you year of birthdate here _____

(these are needed to complete the form) and we will give you a filled-in form to send to the Secretary of State's office. The only cost to you will be a stamp and envelope.

GENERAL POWER OF ATTORNEY

This Power of Attorney gives your agent authority to act on your behalf in all financial matters. If the Principal dies then the Power of Attorney is null and void and the Last Will and Testament comes into play to handle the Estate of the deceased.

PRINCIPAL'S INFORMATION	The Principal is the person who is giving power to act on their behalf to another.
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Name: _____
Mailing address: _____
Phone number: _____

AGENT'S INFORMATION	The agent is the person to whom you are giving authority to act on your behalf.
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Name: _____
Mailing address: _____
Phone number: _____

ALTERNATE AGENT'S INFORMATION	If the above named agent is unable to act on your behalf for any reason you may appoint an alternate agent. This is not a requirement.
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Name: _____
Mailing address: _____
Phone number: _____

If you want this Power of Attorney to take effect on signing check this box If not then describe when and under what circumstances the Power of Attorney is to become effective.

