



Questionnaire Preparation Form for Wills

This Preparation Form is designed to help you easily navigate the Helix Wills online Questionnaires, and to make the process of creating your custom estate planning documents more efficient. Please complete all applicable sections as completely as possible. **If any information is not readily available, we recommend you gather this information prior to commencing the online session to complete your documents.**

If you have any questions as you work on the questionnaire, please contact us at info@helixcompliance.com.

General Information

	Spouse/Partner 1	Spouse/Partner 2
Full Legal Name		
Preferred Name		
Date of Birth		
Home Address		

Prior Marriages and Domestic Partnerships (if any)

Any prior marriages or domestic partnerships from either spouse:

Yes

No

If so, complete the following for each prior marriage or domestic partnership:

Former Spouse's or Partner's Name: _____

Marriage or Partnership Date: _____

Reason for Termination: _____

Date of Termination: _____

Any Financial Responsibilities: _____

Any Life Insurance Requirements: _____



Children (if any) (Add Additional Sheets as Necessary)

Child Full Name	Birth Date

If either parent has children from a previous relationship, provide information for those children:

Child Full Name	Birth Date

Other Dependents

Are there any individuals who depend on you for support:

- Yes
- No

If yes, list names and relationships:

Full Name	Relationship	Age

Burial Site (if applicable)

Burial Site	Location



Asset and Liability Information (Add Additional Sheets as Necessary)

Depending on your Questionnaire responses, you may need to list individual asset and liability information.

Bank and Other Financial Accounts:

Bank Name and Account Ending Number	Type of Account	Account Title and Type of Ownership

Safe Deposit Boxes:

Institution Name	Location	Title on Box

Real Estate:

Type of Real Estate	Address / Location	Title and Type of Ownership

Brokerage Accounts:

Company/Firm and Account Ending Number	Type of Account	Account Title and Type of Ownership



Business and Professional Interests:

Details of ownership interests you have in any partnership, joint venture, sole proprietorship, LLC, or other closely held corporation.

Company or Entity Name	Type of Entity	Owner(s) and % of ownership

Retirement Plans:

Details for any IRAs, 401k plans, profit-sharing plans, pension plans, or any other retirement vehicle.

Plan/Administrator/ Custodian	Owner	Type of Plan	Primary and Contingent Beneficiaries

Life Insurance:

Insurance Company	Type of Policy	Insured	Owner	Face Amount	Primary and Contingent Beneficiaries



Tangible Personal Property of Value

Information for other assets you own, either jointly or separately, including items such as automobiles, boats, savings bonds, jewelry, art collections, home furnishings, or any other personal property.

Type and Description of Property	Owner

Digital Assets

Information on digital assets.

Type of Account	Owner	Website

Other Assets

Additional assets that are not included in any other part of this questionnaire.

Type and Description of Asset	Owner



Bequests (Add Additional Sheets as Necessary)

Information in this section is for any cash or personal property bequests to either charitable organizations or individuals that you anticipate making in your estate planning documents. Include the name of the organization or the individual, and the type of property or amount of cash that you anticipate gifting.

Charitable Bequests:

Charity	Gift Type or Amount	Charity Address	Charity Phone Number	Charity Tax ID

Individual Bequests:

Recipient	Gift Type or Amount	Relationship	Recipient City & State

Fiduciary Information:

Complete this section with the requested information for the various fiduciaries who may play a role in your estate plans.

	Spouse 1	Spouse 2
Executor Name		
Executor Address		
Successor Executor 1 Name		
Successor Executor 1 Address		
Successor Executor 2 Name		
Successor Executor 2 Address		



	Spouse 1	Spouse 2
Guardian Name		
Guardian Address		
Successor Guardian 1 Name		
Successor Guardian 1 Address		
Successor Guardian 2 Name		
Successor Guardian 2 Address		

	Spouse 1	Spouse 2
Power of Attorney Agent Name		
Power of Attorney Agent Address		
Power of Attorney Successor Agent 1 Name		
Power of Attorney Successor Agent 1 Address		
Power of Attorney Successor Agent 2 Name		
Power of Attorney Successor Agent 2 Address		

	Spouse 1	Spouse 2
Health Care Agent Name		
Health Care Agent Address		
Health Care Successor Agent 1 Name		
Health Care Successor Agent 1 Address		
Health Care Successor Agent 2 Name		
Health Care Successor Agent 2 Address		



Issues for Non-US Citizens and Foreign Assets

Name and citizenship for any proposed executor, trustee, guardian, or agent under a power of attorney or advance health care directive who is a non-US citizen.

Name	Citizenship

Type of asset and the location of any foreign assets, including property, bank accounts, or trusts that are classified as foreign trusts that either of you currently own or expect to own, inherit, or be given management over in the future, if any:

Type of Asset	Owner	Location