



Seymour Law Firm
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ESTATE PACKAGE QUESTIONNAIRE

Thank you for choosing Seymour Law Firm, PLLC to assist you with your estate planning.

If an item does not apply to you, please put N/A next to it or cross through it.

If you have any questions about any of the items, please circle it, and we can discuss it during your appointment.

If you have any questions, do not hesitate to call or email me,

Tina

Please provide the following information:

1. Full Legal Name
 - a. Address
 - b. City, State, Zip
2. Spouse
 - a. Full legal name
 - b. Date of birth
3. Children:
 - a. Full legal name and date of birth
 - b. Full legal name and date of birth
 - c. Full legal name and date of birth
 - d. Full legal name and date of birth
4. Do you wish to be cremated or embalmed?
5. Where do you wish to be buried?
6. If a cemetery, do you have a place already reserved?
7. Do you have prearrangements on file with a funeral home or insurance company?
 - a. If so, please provide the name of the home/insurance company and town:
8. Specific items you wish to give family members:
 - a. (item) (name of person)
 - b. (item) (name of person)
 - c. (item) (name of person)
 - d. (item) (name of person)
9. Once your bills are paid, how do you wish to divide the rest of your estate? (land, cars, personal property, etc.)
10. If those people are not alive at the time of your death, to whom do you wish to give the items/proceeds?
11. Who do you wish to be named to handle your estate (Executor) and your backup Executor?

Executor:

 - a. Name (full, legal)
 - b. Address
 - c. City, State, Zip
 - d. Relationship

Backup Executor:

 - a. Name (full, legal)
 - b. Address
 - c. City, State, Zip
 - d. Relationship

Financial Power of Attorney:

1. Who do you wish to handle your financial affairs if you become incapacitated:

First Choice:

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Phone Number
- e. Relationship

Second Choice:

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Phone Number
- e. Relationship

Durable Power of Attorney for Health Care:

1. Who do you want to name as the person to make medical decisions if you are incapacitated?

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

2. Who is your second choice?

- a. Name (full, legal)
- b. Address
- c. City, State, Zip
- d. Telephone Number
- e. Relationship

3. Do you have any additional instructions regarding your care?

- a. Organ donor, etc. _____

