

Will Package Questionnaire

Prepared for Lisa K. Crawford, Esq., PLLC

Section A – Contact Information

Name:

Address:

Email:

Phone:

Section B – Key Appointments

Executor (First Choice):

Executor (Second Choice):

Durable Power of Attorney (First Choice):

Durable Power of Attorney (Second Choice):

Health Care Surrogate (First Choice):

Health Care Surrogate (Second Choice):

Section C – Beneficiaries

Primary Beneficiaries:

Alternate Beneficiaries:

Section D – Living Will Preferences

I do want life-prolonging procedures

I do not want
life-prolonging
procedures

Other wishes: