



ELDER JUSTICE CENTER

779 Route 4, Suite E

Sinajana, Guam 96910

Telephone No. 671-300-7809

support@guamejc.org

INSTRUCTIONS: The information being asked on this questionnaire will be used to create your legal document. When filling in this questionnaire, please ensure your information is complete and accurate to the best of your knowledge.

An appointment with an attorney may be delayed if this questionnaire is incomplete.

Please submit your completed questionnaire by email to support@guamejc.org or you may mail or deliver, in person, to our office at 779 Route 4, Suite E, Sinajana, Guam, 96910.

If you are unsure of what information to provide or if you require assistance with the questionnaire, please contact our office telephone at (671) 300-7809 or email us at support@guamejc.org.



LAST WILL AND TESTAMENT QUESTIONNAIRE

1. Full name : _____
2. Address: _____
 Telephone: _____ Email Address: _____
3. Marital status: (check only one)
 _____ married Spouse's Name: _____
 _____ widow(er) _____ divorced _____ never married
4. Number of Living Children: _____ Number of Deceased Children: _____
5. List the **full name(s) and date (s) of birth** of any **deceased child(ren)** and the names of their children, if any:
 _____ D.O.B. _____ son/daughter, Natural/Adopted/Stepchild
 _____ D.O.B. _____ son/daughter, Natural/Adopted/Stepchild
 _____ D.O.B. _____ son/daughter, Natural/Adopted/Stepchild
6. List the **full name (s) and date (s) of birth** of all your **living natural or adopted children** and step-children, and circle the appropriate choices:
 _____ D.O.B. _____ Natural/Adopted/Stepchild
 _____ D.O.B. _____ Natural/Adopted/Stepchild
 _____ D.O.B. _____ Natural/Adopted/Stepchild
 _____ D.O.B. _____ Natural/Adopted/Stepchild
7. Disinherit/Omit
 _____ I do not wish to omit or disinherit any of my heirs.
 _____ I wish only to **omit** the following:

 _____ I wish to expressly **disinherit** the following:

8. Please give the name of the person you want to administer the provisions of your will ("Executor.") If you do not designate an Executor or you nominate someone who is unable to serve as your Executor, the probate court will assign one for your estate. Your Executor must meet the following requirements:
 - a. be over the age of 18,
 - b. be a resident of Guam,
 - c. be physically present on Guam when you die,
 - d. not have been convicted of any felony.



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Full Name of Executor/Executrix: _____

Home Address: _____

Name of another person if the person you named is unable to perform the duties of executor/executrix.

Full Name of Alternate Executor/Executrix: _____

Home Address: _____

9. Do you have any children that are minors? Yes No

10. Do you wish to specify the arrangements of your funeral/burial in your will?

Yes No If yes, please specify: _____

11. Do you own any real property (land)? Yes No

12. **PERSONAL PROPERTY (car, clothes, jewelry, etc)**

Who do you want to receive your personal property?

13. **RESIDUARY CLAUSE**

In the event you did not mention some property in your Will, or it is discovered that you own additional property (this is referred to as the Residuary), who would you like to receive it?

14. You may keep the original of your Will or you may opt to deposit it with the Superior Court of Guam for a fee of **\$50.00 dollars.**

I want to deposit my Last Will and Testament at the Superior Court.

I want to keep my Last Will and Testament myself.