



## **ELDER JUSTICE CENTER**

779 Route 4, Suite E

Sinajana, Guam 96910

Telephone No. 671-300-7809

[support@guamejc.org](mailto: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](mailto: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](mailto:support@guamejc.org).



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**LAST WILL AND TESTAMENT QUESTIONNAIRE**

**CLIENT INFORMATION:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FAMILY INFORMATION**

Marital Status:    Single       Married       Divorced       Widowed

Name of current/former spouse: \_\_\_\_\_

**CHILDREN INFORMATION**

Name: _____	D.O.B. _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Deceased
					<input type="checkbox"/> Living
Name: _____	D.O.B. _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Deceased
					<input type="checkbox"/> Living
Name: _____	D.O.B. _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Deceased
					<input type="checkbox"/> Living
Name: _____	D.O.B. _____	<input type="checkbox"/> Natural	<input type="checkbox"/> Adopted	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Deceased
					<input type="checkbox"/> Living

**EXECUTOR/EXECUTRIX**

Please give the name of the person you want to administer the provisions of your will ("Executor." An Executor is the person who is appointed to carry out your wishes.) 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 four requirements:

- |                           |  |
|---------------------------|--|
| 1. Be over the age of 18; | 3. Be physically present on Guam when you die; and |
| 2. Be a resident of Guam; | 4. Must NOT have been convicted of any felony.     |

Full Name of Executor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_



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**REAL PROPERTY**

Do you own any real property (land)?  YES  NO

PARCEL I: \_\_\_\_\_  
(Property Address or Description)

PARCEL II: \_\_\_\_\_  
(Property Address or Description)

PARCEL III: \_\_\_\_\_  
(Property Address or Description)

**\*\* ATTACH A SEPARATE SHEET IF YOU OWN MORE THAN 3 PARCELS \*\***

Name(s) of the person(s) you wish to inherit each parcel of property:

PARCEL I: I wish to gift to: \_\_\_\_\_

In the alternative, I wish to gift Parcel I to: \_\_\_\_\_

PARCEL II: I wish to gift to: \_\_\_\_\_

In the alternative, I wish to gift to Parcel II to: \_\_\_\_\_

PARCEL III: I wish to gift to: \_\_\_\_\_

In the alternative, I wish to gift to Parcel III to: \_\_\_\_\_

**PERSONAL PROPERTY**

(car, clothes, jewelry, etc)

I wish to gift my personal property to: \_\_\_\_\_

In the alternative, I wish to: \_\_\_\_\_

**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 give this property to?

\_\_\_\_\_

In the alternative, I wish to give any residuary property to: \_\_\_\_\_

**ADDITIONAL INFO IF ANY**