



ELDER JUSTICE CENTER
Suite 104, MVP Commercial Building
777 Route 4, Sinajana, Guam 96910
Telephone No. 671-969-3131
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 Suite 104, MVP Commercial Building, 777 Route 4, 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) 969-3131 or email us at 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
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