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# Gentry & Thurman

A Professional Association

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D.

CHRISTINE THURMAN

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## **CHRISTINE THURMAN WILL QUESTIONNAIRE** **[Please Print]**

YOUR FULL LEGAL  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CHILDREN'S FULL NAMES: \_\_\_\_\_

CHILDREN'S FULL NAMES: \_\_\_\_\_

CHILDREN'S FULL NAMES: \_\_\_\_\_

CHILDREN'S FULL NAMES: \_\_\_\_\_

CHOICE OF PERSONAL REPRESENTATIVE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

2<sup>nd</sup> CHOICE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TRUSTEE (IF APPLICABLE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SUCCESSOR TRUSTEE (IF APPLICABLE): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PLACE /FORM OF BURIAL:  
\_\_\_\_\_

CHOICE OF GUARDIAN FOR  
CHILDREN: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HEALTH CARE SURROGATE DESIGNEE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

2<sup>nd</sup> CHOICE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LIVING WILL  
DESIGNEE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SPECIFIC BEQUESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY OTHER ISSUES YOU MAY NEED ADDRESSED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SAFETY DEPOSIT BOX LOCATION: \_\_\_\_\_ BOX NUMBER: \_\_\_\_\_

SIGNATORIES ON ACCOUNT: \_\_\_\_\_