

**RICHARD L. WRIGHT
PROFESSIONAL CORPORATION
CONSULTATION REQUEST AND
CONFIDENTIAL WILL QUESTIONNAIRE**

Please fill out completely. This is to confirm that you would like us to contact you and schedule a consultation appointment. The information below will help us get started.

1. **Your Full Name:**

First _____ Last _____

2. **Spouse's Full Name:**

First _____ Last _____

3. **Your Street Address:** _____

City _____ Prov. _____ Postal _____

4. **Telephone Numbers:**

Day: _____
Night: _____
Cell: _____

5. **Status:** [] Male [] Female [] Single [] Married [] Separated [] Divorced [] Widowed

6. If you are the parent or legal guardian of a minor child or minor children? Yes ___ No ___

7. **ESTATE EXECUTOR**

A. **PRIMARY CHOICE** of Executor/Personal Representative:

Name: _____

First _____ Last _____

Relationship: _____ Address: _____

B. **SECOND CHOICE** or **ALTERNATIVE CHOICE** of Executor:

Full Name(s): _____

First _____ Last _____

Relationship: _____ Address: _____

8. **GUARDIAN OF ANY MINOR CHILDREN**

A. **PRIMARY CHOICE** of Guardian

Name: _____

First _____ Last _____

Relationship: _____

Address: _____

B. **SECONDARY CHOICE** of Guardian

Name: _____

First _____ Last _____

Relationship: _____

Address: _____

9. **SPECIFIC QUESTIONS/CONCERNS** regarding your Estate?
