



MY COMPLETE CASE™

LEGAL DOCUMENT PREPARATION SERVICE

Fax To: 866-378-5285

For Help Call: 800-895-1580 Ext 500

Easy-Questionnaire™ **WILL** Estimated Time To Complete: 15 Minutes

JUST 3 EASY STEPS™

Step 1: FILL IT OUT



Complete this Easy-Questionnaire™ at your convenience. If you need help filling it out, please call our Help Line.

Step 2: FAX IT IN



Return this Easy-Questionnaire™ to the agent, pay for the service, and have it faxed to our Data Center.

Step 3: AND FILE IT



Then, in just 3 - 5 business days, you receive your completed documents via mail with Easy Filing Instructions.

IT'S REALLY THAT EASY

HELP LINE

If you have any questions regarding this Easy-Questionnaire, please feel free to Call 800-895-1580 EXT 500.

Mon-Fri 9:00 AM – 9:00 PM PST,
Sat 9:00 AM – 3:00 PM PST

MONEY BACK GUARANTEE

We also offer you a Money Back Guarantee that our documents will be accepted by the Courts and/or Agencies they are to be filed with, if not and it is our fault, we will make any changes or provide any additional documents requested by the Courts at no additional costs to you. If we are unable to provide the additional documents or make the proper changes, we will fully refund you the full price of our service.

FAX YOUR COMPLETED QUESTIONNAIRE TO: 1-866-378-5285

CONFIRMATION CODE: The Confirmation Code is the Number that is on your Receipt given to you by the Agent when you pay for the Service. You can complete your Questionnaire at your convenience, and then go back to the Agent to pay for the Services. **PLEASE ENTER YOUR CONFIRMATION CODE IN THE BOX BELOW.**

CONFIRMATION CODE - *REQUIRED TO PROCESS THIS QUESTIONNAIRE

			--					--						
--	--	--	----	--	--	--	--	----	--	--	--	--	--	--

DISCLAIMER: We are not a law firm, and the Agents and employees of My Complete Case are not acting as your attorney or providing you with any legal advice. We do not practice law. We offer Document Preparation Assistance Services that includes a review of your document and answers for accuracy based on the information you are providing in this Questionnaire. You are exercising your Constitutional Rights to represent yourself in all matters that you execute utilizing our services.

SIGNATURE REQUIRED: _____ **Date:** _____

PHONE NUMBER: _____ To confirm we've received your Easy-Questionnaire.

OVER 10,000 DOCUMENTS PREPARED

Our Staff of Professional Document Preparers have over 20 years of experience, and have prepared over 10,000 legal documents.

OUR MISSION

To provide Professional Prepared High Quality Low Cost Legal Document Preparation Services to those who do not want to over pay for these services.

INFORMATION REGARDING WILLS

Last Will - A will is a written document—signed and witnessed—that indicates how your property will be disposed at the time of your death. It is revocable and subject to amendment at any time during your lifetime. A will also can provide the same estate tax savings as a living trust. Is used to distribute property to beneficiaries, specify last wishes, and name guardians for minor children. It is an important part of any estate plan. Wills can specify funeral, burial, and other last wishes. Without one, the courts will make these critical decisions for you.

SECTION 1 "DATE OF CONTRACT"

County Contract Signed In:	State Contract Signed In:
Date of Contract:	

SECTION 2 "NAME OF GRANTOR"

Name:		
Other Names you have used:		
Address:		
City:	State:	Zip:

SECTION 3 "NAME OF BENEFICIARY"

Beneficiary Name #1:	Relationship:	
Address:		
City:	State:	Zip:
Beneficiary Name #2:	Relationship:	
Address:		
City:	State:	Zip:
Beneficiary Name #3:	Relationship:	
Address:		
City:	State:	Zip:
Beneficiary Name #4:	Relationship:	
Address:		
City:	State:	Zip:

SECTION 4 "NAME OF WITNESSES"		
Witness #1 Name:		
Address:		
City:	State:	Zip:
Witness #2 Name:		
Address:		
City:	State:	Zip:
Witness #3 Name:		
Address:		
City:	State:	Zip:

SECTION 5 "REAL AND PERSONAL PROPERTY"	
INCLUDES BANK ACCOUNTS, GUARDIANSHIPS AND LIFE POLICIES	
Description of Property:	Who receives property:(Beneficiary # from above)
Description of Property:	Who receives property:(Beneficiary # from above)
Description of Property:	Who receives property:(Beneficiary # from above)
Description of Property:	Who receives property:(Beneficiary # from above)
Description of Property:	Who receives property:(Beneficiary # from above)
Special Instructions:	

SECTION 6 "POWER OF ATTORNEY"	
NAME:	
ADDRESS:	
CITY:	
STATE:	ZIP: TELEPHONE #:
DESCRIPTION OF DUTIES AND RESPONSIBILITIES:	
SPECIAL INSTRUCTIONS: (IE: EFFECTIVE IMMEDIATELY OR UPON A SPECIFIC EVENT)	