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ESTATE PLANNING QUESTIONNAIRE

*Note: Please print all names and addresses as clearly and legibly as possible, making sure all proper names are the full, correctly spelled legal names. **Once you have listed all the information for an individual, if you list them again later in the questionnaire, you need not fill in all their information again, please just list their name.***

Your Full Name: _____
(Please Print)

Nickname: _____ Date of Birth: _____

Full Name of Spouse (if any): _____
(Please Print)

Nickname: _____ Date of Birth: _____

Address:

County City State Zip

Primary Phone Spouse's Primary Phone Alt. Phone

Email Spouse's E-mail

If you own any other real estate, please list the addresses below, as well as how title is held:

Information about Your Children/Heirs

Child #1 (if child is not from both clients, whose child is this: _____)

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Spouse: _____

Their Children and Birthdates: _____

Child #2 (if child is not from both clients, whose child is this: _____)

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Spouse: _____

Their Children and Birthdates: _____

Child #3 (if child is not from both clients, whose child is this: _____)

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Spouse: _____

Their Children and Birthdates: _____

[Attach an additional sheet if you have more than 3 living children]

Information About any Pre-Deceased Children

If you had any children that have already passed away, please list them here.

Name: _____ Date of Death: _____

Address: _____

Spouse: _____

Their Children and Birthdates: _____

(attach an additional sheet if there is more than one pre-deceased child)

Guardians. The Guardians are the individuals chosen and appointed to raise your minor children should both spouses die while the children are minors. If two people are named below as initial Guardians, consider whether you want the survivor of them to serve alone if the other dies.

Name(s) of Initial Guardian(s) _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

If you have named two Guardians to serve together, do you want the survivor to continue alone prior to the backups named below? _____ (yes/no/don't know)

Name(s) of Back-Up Guardian(s) _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Other than the specific bequests of property, which you will list later, how do you wish the bulk of your estate to be treated? Check the appropriate answer:

- _____ Everything to my spouse, then to my children, subject to any age restrictions contained herein.
- _____ Nothing to my spouse, but everything to my children, subject to any age restrictions, contained herein.
- _____ Everything to my spouse, then to my grandchildren, subject to any age restrictions contained herein, but nothing to my children.
- _____ Other (attach a separate sheet with instructions).

Special instructions regarding body disposition (e.g., burial or cremation)

You: Burial or Cremation

If buried, where? _____

If cremated, ashes are to be Kept or Scattered?

If Kept, by whom? _____

If Scattered, by whom and where? _____

Spouse: Burial or Cremation

If buried, where? _____

If cremated, ashes are to be Kept or Scattered?

If Kept, by whom? _____

If Scattered, by whom and where? _____

Do you desire that family minimize the expenses of a funeral, memorial and burial or cremation?

_____ Yes _____ No.

Example: "I do not want an expensive casket or headstone, or an expensive urn for my ashes."
Please add any notes below.

***Executor/Executrix.* This is the person/entity charged with the responsibility to assemble and transfer your assets after your passing, offering your Will for probate in the Probate Court, file tax returns, etc. This may be served by one or more individuals (including your spouse) and/or a bank or other a corporate fiduciary:**

For You:

Name(s) of Initial Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-up Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Spouse:

Name(s) of Initial Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-Up Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Trustees. The Trustees primarily serve an asset management and administration responsibility, managing funds for minor beneficiaries too young to come into estate assets. This role may be filled by one or more individuals and/or a bank or other corporate fiduciary. You may not have any children or grandchildren who are minors at this time, but it is possible this will change in the future. It is strongly advised that you nominate a Trustee, even if you think you may not need one.

Remember that in most cases, a Trust will not be established unless both spouses have passed away. As such, it is impossible to name your spouse as a Trustee.

If your estate will benefit a minor or other person for whom property/proceeds will be kept in trust, at what age(s) do you want those individuals to receive the property/proceeds?

_____ % at age _____; then _____ % at age _____; then _____ % at age _____.

For You:

Name(s) of Initial Trustee: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-up Trustee: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Spouse:

Name(s) of Initial Trustee: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-Up Trustee: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Specific Bequests of Property

This is where you would indicate your desires for special items, heirlooms, collections, donations to charity, etc. that you wish to accomplish through your Last Will and Testament.

Example: I would like my gun collection to go to my son, John Smith.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

I would like _____
_____ to go to _____.

Attach an additional sheet if necessary.

Other Matters Which May Effect Estate Planning

If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a common disaster (i.e. plane crash or cruise ship sinking), whom would you want to receive your property? If you have no preference, write "GA Law Controls."

Do you have the responsibility for supporting anyone other than your spouse and children?

Select: Yes _____ (whom) or No

Are any of your children or grandchildren adopted or in the process of being adopted?

If so, list who is being adopted by whom: _____

Do your children, grandchildren, or beneficiaries have any medical problems or special needs which should be considered or currently receiving state or federal assistance due to a disability?

Select: Yes or No. If yes, include details on a separate sheet.

If you have ever lived in a community property state **and were divorced in that state**, please circle the state(s) in which you lived: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin.

Have you filed a gift tax return? _____

Your ordinary income tax rate (circle one) 15% 28% 31% 36% 39.6%

Your predicted age of retirement? _____ Spouse's? _____

Are you and your spouse U. S. citizens? Yes or No (circle) If not, please indicate your nation of citizenry:

Have you ever been divorced? _____ Has Spouse ever been divorced? _____

Your general health? _____ Your spouse? _____

Do you expect to inherit any substantial property in the near future which should be considered in planning your estate or are you the beneficiary of any trust? (If so, please describe.)

Is there someone who should never inherit from you under any circumstances (a "black sheep")? If so, list their name(s) here (you do not need to explain why you wish to exclude them). If there is no one, write "N/A."

Business Interests:

Do you own all or part of a business? Yes or No.

What is the name of the business? _____

How much (percentage) of that business do you own? _____%.

If there are other owners, please list their names and ownership percentages:

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

Type of Business Entity (circle): **Sole Proprietorship** **General Partnership**

Limited Partnership **Limited Liability Company S-Corporation**

Other: _____

What would you like to happen to this business upon your death? _____

General Durable Power of Attorney (Financial)

Attorney-in-Fact. You may name one or more persons (including your spouse) to make decisions regarding your assets on your behalf. For example, if you are disabled and cannot manage your financial affairs, this document will give your Agent the authority to do so. A Power of Attorney expires upon your death or revocation of that Power of Attorney.

For You:

Name(s) of Initial Attorney-in-Fact: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-up Attorney-in-Fact: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Spouse:

Name(s) of Initial Attorney-in-Fact: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-Up Attorney-in-Fact: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Estate Evaluation

Mr. Lawler uses this information to determine whether you have sufficient assets and/or life insurance to pay all of your debts upon death.

	<i>KIND OF ASSET</i>	<i>YOU</i>	<i>SPOUSE</i>	<i>JOINT</i>
1.	Residence	\$ _____	\$ _____	\$ _____
2.	Other real property	\$ _____	\$ _____	\$ _____
3.	Listed or traded securities (other than #10 below)	\$ _____	\$ _____	\$ _____
4.	Closely held and untraded securities	\$ _____	\$ _____	\$ _____
5.	Partnership or sole proprietor interests	\$ _____	\$ _____	\$ _____
6.	Cash, savings accounts, CDS, etc.	\$ _____	\$ _____	\$ _____
7.	Cars	\$ _____	\$ _____	\$ _____
8.	Other personal property	\$ _____	\$ _____	\$ _____
9.	Cash value (not face amount) of life insurance (provide detail on next page)	\$ _____	\$ _____	\$ _____
10.	Pension, profit-sharing, IRAs, etc. (provide detail on next page)	\$ _____	\$ _____	\$ _____
11.	Custodial Accounts [in which you are the Custodian]	\$ _____	\$ _____	\$ _____
12.	Other	\$ _____	\$ _____	\$ _____
13.	Other	\$ _____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____	\$ _____
	Mortgages	\$ _____	\$ _____	\$ _____
	Other debts	\$ _____	\$ _____	\$ _____
NET TOTAL		\$ _____	\$ _____	\$ _____

Life Insurance

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If the answers are hard to get or time consuming, put a question mark.

<i>Insured</i>	<i>Owner of Policy</i>	<i>Company</i>	<i>Face Amount</i>	<i>Primary Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Is this a T (term) WL (whole life) U (universal) or O (other) policy</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Benefit Plans (pension, profit-sharing, IRAs, deferred compensation, etc.)

<i>Type of Plan</i>	<i>Benefit Provided or Amount</i>	<i>Primary Death Beneficiary (If Any)</i>	<i>Contingent Death Beneficiary (If Any)</i>	<i>Comments</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advanced Healthcare Directive Appointees

Attorney-in-Fact for Healthcare. You may name one or more persons (including your spouse) to make health care-related decisions on your behalf, including life-sustaining measures in the event that you are unable to make such decisions yourself.

For You:

Name(s) of Initial Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-up Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Spouse:

Name(s) of Initial Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

Name(s) of Back-Up Executor: _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

The following two pages provide you an opportunity to indicate your desires for your healthcare and life-sustaining measures. You and your spouse (if any) should mark your choices with your initials.

DIRECTION OF MY INTENT - HEALTHCARE

I desire that my Agent make medical treatment decisions pursuant to the following elections: **(INITIAL ALL THAT APPLY FOR EACH SPOUSE – YOUR CHOICES DO NOT HAVE TO MATCH ONE ANOTHER’S)**

_____ I do not want major medical treatment and/or life support if I have an incurable or irreversible condition that is deemed terminal (typically a “terminal” condition is one that will result in my death within 6 months), as confirmed by my attending physician and in accordance with reasonable medical standards at the time of reference.

_____ I do not want major medical treatment and/or life support if the treatment/support is predicted to leave me in a state of permanent unconsciousness, which my attending physician believes to be irreversible in accordance with reasonable medical standards at the time of reference.

_____ I do not want major medical treatment and/or life support if the treatment/support is predicted to leave me in a state in which I am not aware of myself or my environment and in which my attending physician believes to be irreversible in accordance with reasonable medical standards at the time of reference.

_____ I desire that I be allowed to die of natural causes such as pneumonia if I become ill following a diagnosis of Alzheimer’s or other dementia that is deemed to be progressive and irreversible; provided, however, I am not aware of myself or my environment.

_____ I do not want cardiopulmonary resuscitation (heart massage, shock therapy or other means of restarting my heart) in the event my Agent has determined that no treatment should be given to extend my life. In such case, I desire that a “Do Not Resuscitate” (DNR) order be placed in my medical chart.

_____ I desire all pain management techniques and medications necessary to minimize my suffering. Further, I desire hydration to the extent necessary to administer pain relief medication.

_____ I desire that my Agent facilitate the use of my financial resources to provide me with the best quality of care in the least restrictive environment. For example, I would want my resources spent on a special bed to minimize bedsores if I am unable to move about.

_____ I desire that my Agent consume all of my funds if required to keep me at home or otherwise provide me with the best quality of life -- as long as I have resources available and even if that means selling assets to keep me from entering a nursing home.

LIFE-SUSTAINING NOURISHMENT AND HYDRATION

Consistent with my elections above, I desire that my Agent honor the following intentions: **(INITIAL ONLY ONE FOR EACH SPOUSE)**. *This presumes that you are in a persistent vegetative state and are unable to make decisions for yourself.*

_____ I do not want to continue any form of artificial life support, ventilators, etc. (supplementing normal organ function), nor invasive nourishment and hydration, including tubes inserted in my stomach, intestines, or veins. Non-intrusive methods such as spoon feeding or moistening of lips and mouth, are permissible.

_____ I do not want to continue any form of artificial life support, ventilators, etc., (supplementing normal organ function) nor invasive nourishment and hydration, including tubes inserted in my stomach, intestines, or veins. Non-intrusive methods such as spoon feeding or moistening of lips and mouth, are permissible. However, I authorize my Agent to continue hydration if required to facilitate the donation of my organs and/or tissues.

_____ I want to continue all forms of nourishment and hydration, but I do not want to continue any form of artificial life support, ventilators, etc. (supplementing normal organ function).

_____ I want to continue all forms of nourishment and hydration necessary to continue my life and I want to continue artificial life supporting, ventilators, etc. (supplementing normal organ function).

POST-MORTEM INTENTIONS

Consistent with my elections above, I desire that my Agent honor the following intentions: **(INITIAL ALL THAT APPLY FOR EACH SPOUSE)**

_____ I desire an autopsy if my Agent believe doing so would be in my family's best interest, for example, determining if a malpractice claim is viable or whether the cause of my death is genetic).

_____ I desire to donate my organs, but only to my family members.

_____ I desire to donate my organs to my family members first, and then to anyone in need.

_____ I desire my Agent to sell or donate my pacemaker (or similar device), if I am using one at the time of my passing (pursuant to O.C.G.A. § 53-4-73), first to _____, then to anyone in need.

_____ I desire to donate my body to science, specifically to the following institution: _____ . I know that I must prearrange this gift with the receiving institution.