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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

Your Full Name: _____
(Please Print)

Nickname: _____ Date of Birth: _____ SS#: _____ - _____ - _____

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

Nickname: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Address:

County	City	State	Zip
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Home Phone	Work Phone	Fax Number
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Cell Phone	E-mail Address
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What/Who referred you to us? _____

Information about Your Children/Heirs

Child #1 (indicate if child not from both clients: _____)

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Spouse: _____

Their Children and Birthdates: _____

Child #2 (indicate if child not from both clients: _____)

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____ Spouse: _____

Their Children and Birthdates: _____

Child #3 (indicate if child not from both clients: _____)

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: _____

Name: _____ Date of Death: _____

Address: _____

Spouse: _____

Their Children and Birthdates: _____

Name: _____ Date of Death: _____

Address: _____

Spouse: _____

Their Children and Birthdates: _____

Additional Will and Fiduciary Information:

Note: You should give careful advance consideration to the appointees below and attempt to fill them in before your initial meeting:

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. Once again, this role may be filled by one or more individuals and/or a bank or other corporate fiduciary.

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

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: _____

Guardians. The Guardians are the individuals appointed under your Wills to raise your minor children should something happen to both spouses. 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 Backup Guardian(s): _____

Street Address: _____

City/State/Zip: _____

Phone: _____; Email: _____

Relationship: _____

{Rest of Page Intentionally Blank}

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, your Agent under this document would have the authority to do so.

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: _____

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)

_____ 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)

_____ I do not want to continue any form of nourishment and hydration, including tubes inserted in my stomach, intestines, or veins, but not including non-intrusive methods such as spoon feeding or moistening of lips and mouth.

_____ I do not want to continue any form of nourishment and hydration, including tubes inserted in my stomach, intestines, or veins, but not including non-intrusive methods such as spoon feeding or moistening of lips and mouth. However, I authorize my Agent to continue hydration if required to facilitate the donation of my organs and/or tissues.

_____ I do not want to continue any form of nourishment. However, I authorize my Agent to continue hydration.

_____ I want to continue all forms of nourishment and hydration necessary to continue my life.

_____ Other: _____.

_____ Other: _____.

POST-MORTEM INTENTIONS

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

_____ 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 do not wish to donate my organs to anyone.

_____ I desire that my family minimize the expenses of my funeral, memorial and burial or cremation. I do not want an expensive casket or headstone. Likewise, I do not want an expensive urn for the storage of my ashes.

_____ 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.

Specific Bequests of Property

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

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 _____.

I would like _____
_____ to go to _____.

Questions in Advance of Your Attorney Consultation

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

Circle: Yes _____ (whom) or No

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?

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

Other than the specific bequests of property you listed on the previous page, who do you want to receive the bulk of your estate? Check the appropriate answer:

_____ Everything to my spouse, then to my children, subject to age restrictions contained herein.

_____ Everything to my children, subject to age restrictions, contained herein.

_____ Everything to my spouse, then to my grandchildren, subject to age restrictions contained herein.

_____ Other (attach a separate sheet with instructions).

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 _____.

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

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

If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a common disaster, whom would you want to receive your property? Note: Our default provision is 1/2 equally to the heirs of you and your spouse, according to the Georgia laws of intestacy.

If you have ever lived in a community property 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%

Is there someone who should never inherit from you under any circumstances? If so, list their name(s) here (you do not need to explain why you wish to exclude them).

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.)

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? _____

Business Interests:

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

What type of business is it? _____

What is the name of the business? _____

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

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? _____

Estate Evaluation

Note: The manner in which your property is legally titled is integral to proper estate planning.

	<i>KIND OF ASSET</i>	<i>YOU</i>	<i>SPOUSE</i>	<i>JOINT</i>
1.	Residence	\$ _____	\$ _____	\$ _____
2.	Other real property (include location by by state)	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____

Do you own property jointly with any person other than your spouse? (If so, whom, and is the ownership a joint tenancy with right of survivorship?)

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____