

CONFIDENTIAL ESTATE PLANNING INFORMATION

I. PERSONAL DATA:

Date of Appointment: _____ Referred by: _____

Legal Name (Spouse 1): _____ Prefer to be called: _____

Date of Birth: _____ Social Security No: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Employer/position: _____ Address: _____

Legal Name (Spouse 2): _____ Prefer to be called: _____

Date of Birth: _____ Social Security No: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

Employer/position: _____ Address: _____

Legally married? Yes ___ No ___ Anniversary Date: _____

Co-habitation agreement: Yes ___ No ___ If so, please bring a copy with you.

Mailing address: _____

_____ County of
Residence: _____
(ex. Fulton, DeKalb, Cobb)

Do you have a safe deposit box? Yes ___ No ___

If yes, please indicate:

Location? _____

Who has access? _____

Who has keys? _____

II. CHILDREN:

Please provide first and last name of children in order from oldest to youngest. If additional space is needed, please use back of page.

Child	Date of Birth	Child of:
		Spouse 1___ Spouse 2___
		Spouse 1___ Spouse 2___
		Spouse 1___ Spouse 2___
		Spouse 1___ Spouse 2___
		Spouse 1___ Spouse 2___

If you checked either Spouse 1 or Spouse 2 above, and the child listed is a minor, please give the full name of the other parent: _____

If any children are minors, whom would you want to raise the children if both parents die before they turn age 18? _____

Who as back-up if your first choice is unavailable? _____

If you have grandchildren, please list their full names in order from oldest to youngest, date of birth and their parents' names. If additional space is needed, please use back of page.

Full Name	Date of Birth	Parents' Names

Do any of your children or grandchildren have special needs which should be considered in designing your estate plan? If so, please describe. _____

Do you have stored genetic material (i.e., sperm, eggs, embryos)? Yes___ No___
If so, have you made provisions for it? Yes___ No___

III. ESTATE PLANNING:

	Spouse 1 Initials:	Spouse 2 Initials:
Do you have current estate planning documents? (If so, what year?)		
Are you a U.S. citizen?		
Do you wish to be buried or cremated?		
Are your parents still living? If so, please list names		
Who would you want to make healthcare decisions for you if you could not do so yourself?		
Who as the back-up to that person?		
Who as the additional back-up?		
Do you want to give another person authority to conduct your financial affairs either immediately or if you are incapacitated? If so, who?		
Who as the back-up to that person?		
Who as the additional back-up?		
Who (or what corporation) do you want to name as the administrator of your estate (Executor)?		
Who as the back-up to that person or corporation?		
Who as the additional back-up?		
If you will have a trust for minor children or other trusts, who (or what corporation) do you want to name as Trustee?		
Who as the back-up to that person or corporation?		

	Spouse 1 Initials:	Spouse 2 Initials:
Who as the additional back-up?		
Do you support anyone other than yourself or your children?		
Do you want to make any gifts of property or money to any friends, relatives or charities? If so, please list.		
If you are not survived by any descendants, whom would you want to have your property?		
Do you expect to receive a substantial inheritance in the next 3-5 years?		
Do you have a "power of appointment" in a trust set up by someone else?		
Do you have a buy-sell agreement, life insurance trust, divorce decree with continuing obligations, or other documents or contracts affecting your estate? <i>If so, please bring a copy.</i>		
Have you ever filed a gift tax return?		
Have you made gifts to any one person in excess of \$10,000 in any given year?		
Do you own any community property or have you resided in or moved form a community property state? (AZ, CA, ID, LA, NV, NM, TX, WA, WI)		

In your own words, upon your death, how and to whom do you want your assets distributed?

IV. ESTATE EVALUATION:

Asset (\$\$)	Spouse 1 Initials:	Spouse 2 Initials:	Joint:
Residence			
Other real estate (list state, if not GA)			
Listed or traded securities (NOT retirement assets or cash accounts)			
Closely-held business interests (total from following page)			
Cash, savings, CDs, etc.			
Cars and boats			
Pension, profit-sharing, IRAs, etc. (total from following page)			
Death benefit of life insurance (total from following page)			
Medical savings accounts			
Copyrights or patents			
Notes receivable			
Tangible personal property (ex. jewelry & household goods)			
Other			
Other			
TOTAL GROSS ESTATE:			
Mortgages			
Other debts			
NET TOTAL:			
Approximate annual income			

Place an asterisk (*) beside any property that is owned jointly with a third person (in Section IV).

Please describe any custodial accounts or 529s for children:

Please list any contingent liabilities:

Are you the beneficiary of any estate or trust assets that have not been distributed to you?

Yes ___ No ___

V. BENEFIT PLANS: (Pension, profit-sharing, IRAs, deferred compensation, etc.)

Participant	Type of Plan	Value	Primary Beneficiary	Secondary Beneficiary
		\$		
		\$		
		\$		
		\$		

VI. LIFE INSURANCE PLANS:

Death Benefit and Cash Value	Type (Term, etc.) and Company	Insured/Owner	Primary Beneficiary	Secondary Beneficiary

VII. BUSINESS INTERESTS:

Closely held business interests:

1. _____

Type of interest:

_____ Sole proprietor _____ Partnership _____ S corporation _____ C corporation _____ LLC

Percentage of ownership: _____% Fair market value of your interest: \$_____

Description of product or service: _____

Is there a buy-sell agreement? _____ Yes _____ No (If yes, please bring a copy)

If so, is it funded? _____ Yes _____ No

What are your wishes concerning ownership after your death? _____

2. _____

Type of interest:

_____ Sole proprietor _____ Partnership _____ S corporation _____ C corporation _____

LLC

Percentage of ownership: _____% Fair market value of your interest: \$_____

Description of product or service: _____

Is there a buy-sell agreement? _____ Yes _____ No (If so, please bring a copy)

If so, is it funded? _____ Yes _____ No

What are your wishes concerning ownership after your death? _____

VIII. PROFESSIONAL ADVISORS:

Professional/Name (e.g., CPA, etc.)	Phone No.	E-mail Address	Happy w/ service or want to discuss

**IX. PLEASE LIST THE NAME AND CONTACT INFORMATION FOR ALL
FAMILY MEMBERS (PARENTS AND SIBLINGS):**

Name	Relationship	Address	Phone/E-mail Address

X. FIDUCIARIES:

Please list the name and contact information for any persons named as agent under power of attorney, executor, guardian and trustee and not listed above:

Name	Relationship	Address	Phone/E-mail Address