

## CONFIDENTIAL ESTATE PLANNING INFORMATION

### I. PERSONAL DATA:

Date of Appointment: \_\_\_\_\_ Referred by: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer/position: \_\_\_\_\_ Address: \_\_\_\_\_

Previously married? Yes \_\_\_ No \_\_\_ If so, please bring a copy of your Divorce Decree 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.

<b>Child</b>	<b>Date of Birth</b>	<b>Full Name of Child's Other Parent:</b>

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.

<b>Full Name</b>	<b>Date of Birth</b>	<b>Parents' Names</b>

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:**

	<b>Yes:</b>	<b>No:</b>
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?	Name:	
Who as the back-up to that person?	Name:	
Who as the additional back-up?	Name:	
Do you want to give another person authority to conduct your financial affairs either immediately or if you are incapacitated? If so, who?	Name:	
Who as the back-up to that person?	Name:	
Who as the additional back-up?	Name:	
Who (or what corporation) do you want to name as the administrator of your estate (Executor)?	Name:	
Who as the back-up to that person or corporation?	Name:	
Who as the additional back-up?	Name:	

	<b>Yes:</b>	<b>No:</b>
If you will have a trust for minor children or other trusts, who (or what corporation) do you want to name as Trustee?	Name:	
Who as the back-up to that person or corporation?	Name:	
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?	Name(s):	
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 from 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?

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**IV. ESTATE EVALUATION:**

<b>Asset (\$\$)</b>	<b>Yes:</b>	<b>No:</b>	<b>If Jointly Held, List Name(s):</b>
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			
<b>TOTAL GROSS ESTATE:</b>			
Mortgages			
Other debts			
Other debts			
<b>NET TOTAL:</b>			
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:

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Please list any contingent liabilities:

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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):**

<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone/E-mail Address</b>

**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