

# Cohen & Caproni

ATTORNEYS AT LAW  
750 Hammond Drive  
Building 7 - Suite 200  
Atlanta, Georgia 30328

Telephone: (404) 252-8080  
Facsimile: (404) 252-9324

DATE: \_\_\_\_\_

## MARRIED ESTATE PLANNING WILL INFORMATION - CONFIDENTIAL

*Note: This is a general form and may not fit your situation entirely or certain questions may not apply to you. Please feel free to add additional information and or expand on any questions where more information is needed and omit any information that does not apply to you.*

### I. GENERAL INFORMATION

Full Name (Husband) \_\_\_\_\_

(Wife): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

Are you both U.S. Citizens? \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Office (H): \_\_\_\_\_

Office (W): \_\_\_\_\_

Cell (H): \_\_\_\_\_

Cell (W): \_\_\_\_\_

Email: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Date of Birth (Husband): \_\_\_\_\_

(Wife): \_\_\_\_\_

Social Security No.: Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Children's Names and  
Dates of Birth:

Parent  
(Husband, Wife, or Both):

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Do you anticipate family planning through the use of artificial procreation methods? \_\_\_\_\_

If you have a Safe  
Deposit Box, where  
is it located?

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If you have an existing  
Will, where is it located?

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If you own a vacation home or other property in another state or contemplate moving to another state, please indicate which state or states.

Have you ever lived in a community property state during your marriage?

Are either of you or your children likely to receive any inheritances? If yes, please explain (in trust or outright; possible amount):

If either of you are a beneficiary of any trust or Will, do you have the power to control the property (e.g. a power of appointment)?

Are either of you a trustee of any trust? If so, please provide a copy.

Have you created any trusts? If so, please provide a copy.

Marriage, divorce, and birth or adoption of a child will modify or revoke your Will automatically unless stated otherwise. Do you wish to address any of these possibilities at this time?

Are there any family members with special needs that need to be factored into your planning?

Are there any particular problems in planning your estate, such as obligations, restrictions or insurance requirements contained in divorce decrees or a premarital agreement?

Are either of you a party to any shareholder agreement, partnership agreement, or LLC operating agreement that impose any restrictions or creates any rights upon your death? If so, please provide a copy.

## II. FINANCIAL INFORMATION

### ESTATE ASSETS AND LIABILITIES

#### ASSETS:

It is important to know whether any assets are separately or jointly owned. The form of joint ownership can usually be found on the face of real estate deeds or signature cards for bank accounts. If assets are held jointly, please indicate what percentage of the purchase price or deposits was contributed by each spouse.

|  | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> |
|--|----------------|-------------|--------------|
| Approximate total value:   |                |             |              |
| <u>Cash:</u><br>(Include money market, checking and savings accounts, and certificates of deposit)                       | _____          | _____       | _____        |
| <u>Publicly Traded Stocks and Bonds:</u><br>(other than retirement assets)   | _____          | _____       | _____        |
| <u>Business Interests:</u>   |                |             |              |
| Value of Partnership interests, stock in your corporation, LLC interests, sole proprietorships                           | _____          | _____       | _____        |
| Name:  | _____          | _____       | _____        |
| Entity Type:   | _____          | _____       | _____        |
| Percentage Owned:  | _____          | _____       | _____        |
| <u>Retirement Assets:</u>  |                |             |              |
| Please indicate if you or your employer has any retirement plans and what type (i.e. pension, 401(k) or traditional IRA) | _____          | _____       | _____        |
| Primary beneficiary:   | _____          | _____       | _____        |
| Contingent beneficiary   | _____          | _____       | _____        |

| <u>Real Property:</u>   | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> |
|---|----------------|-------------|--------------|
| Primary Residence:<br>Fair market value:<br>(list any mortgages below under<br>Liabilities)                     | _____          | _____       | _____        |
| Vacation/Retirement Home:<br>Fair market value and location:<br>(list any mortgages below under<br>Liabilities) | _____          | _____       | _____        |
| Investment Real Estate:<br>Fair market value and location:<br>(list any mortgages below under<br>Liabilities)   | _____          | _____       | _____        |
| <u>Estimated Value of All Personal Property:</u>  |                |             |              |
| Include car, jewelry, furniture, art,<br>silver, clothing   | _____          | _____       | _____        |
| <u>Life Insurance:</u>  |                |             |              |
| Total face value of policies you own<br>(use attached schedule for policy details)                              | _____          | _____       | _____        |
| <b>TOTAL ASSETS:</b>  | _____          | _____       | _____        |
| <u>LIABILITIES:</u>   | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> |
| Mortgage(s)      Primary Home:  | _____          | _____       | _____        |
| Vacation Home:  | _____          | _____       | _____        |
| Investment Properties:  | _____          | _____       | _____        |
| Car Loan(s)   | _____          | _____       | _____        |
| Stock Margin Loans  | _____          | _____       | _____        |
| Other   | _____          | _____       | _____        |
| <b>TOTAL LIABILITIES:</b>   | _____          | _____       | _____        |

LIFE INSURANCE

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Kind (Term, Whole Life) \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Insured \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Outstanding Loan \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Kind (Term, Whole Life) \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Insured \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Outstanding Loan \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Kind (Term, Whole Life) \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Insured \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Outstanding Loan \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Kind (Term, Whole Life) \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Insured \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Outstanding Loan \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Kind (Term, Whole Life) \_\_\_\_\_  
Owner \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Insured \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Outstanding Loan \_\_\_\_\_

(If you have additional policies, please list them on a separate sheet.)

III. PROPERTY DISPOSITION

Husband

Wife

Basically, how would you like to leave your property if your spouse survives you?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If your spouse does not survive you, do you want to set up a trust for your children or give them your property outright? If in trust, at what ages do you think your children should receive substantial assets over and above distributions to provide for their care, support and education (e.g. 1/3 at 21, 25 and 30)? (Please indicate if any child should be treated differently than the other child(ren).)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are any of the listed beneficiaries disabled or are they receiving any governmental benefits?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you have any specific bequests you would like to make? If so, please list the beneficiary and assets or items you wish to leave to that person.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Who would you want to inherit your property in the event of a common disaster involving your immediate family (spouse and children)?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Are there any charitable organizations that you would like to benefit? If so, please indicate under what circumstances and who I might contact to confirm the tax status.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IV. EXECUTORS, TRUSTEES, AND GUARDIANS

Husband

Wife

Who would you like to serve as the primary Executor of your estate? Please provide the full name of the individual or bank and relationship to you.

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

Who would you like to serve as the successor Executor(s) of your estate? Please provide the full name of the individual or bank and relationship to you.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If you choose to create a trust under your Will, who would you like to serve as the primary Trustee of this trust? Please provide the full name of the individual or bank and relationship to you.

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

If you choose to create a trust under your Will, who would you like to serve as the successor Trustee(s) of this trust? Please provide the full name of the individual or bank and relationship to you.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If necessary, who would you want to be the primary guardian of any minor child in the event your spouse predeceases you? Please provide the full name and relationship to you.

\_\_\_\_\_

If necessary, who would you want to be the successor guardian(s) of any minor child in the event your spouse predeceases you? Please provide the full name and relationship to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who would you like to name as your **Health Care Agent** (to make health care choices on your behalf should you not be able to)?

Husband

Wife

(1) First Choice:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

\_\_\_\_\_

(2) Second Choice:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

\_\_\_\_\_

(3) Third Choice:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s):

\_\_\_\_\_

\_\_\_\_\_

Who would you like to name as your **Financial Power of Attorney**?

Husband

Wife

(1) First Choice:

\_\_\_\_\_

\_\_\_\_\_

(2) Second Choice:

\_\_\_\_\_

\_\_\_\_\_

(3) Third Choice:

\_\_\_\_\_

\_\_\_\_\_