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DATE: _____

UNMARRIED 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: _____

Home Address: _____

County of Residence: _____

Are you a U.S. Citizen? _____

Telephone Number: Home: _____

Office: _____

Cell: _____

Email: _____

Date of Birth: _____

Social Security No.: _____

Never Married _____ Divorced _____ Widowed _____

Children's Names and
Dates of Birth:
(Please provide name
of other parent)

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

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

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

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

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

If 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 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 particular problems in planning your estate, such as restrictions or insurance requirements in divorce decrees?

Are 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 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 joint owner.

	<u>Value</u>	
	<u>Individually Owned</u>	<u>Jointly Owned</u>
Approximate total value:		
<u>Cash:</u> (Include money market, checking and savings accounts, and certificates of deposit)	_____	_____
<u>Publicly Traded Stocks and Bonds:</u> (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	_____	_____

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

Basically, how would you like to leave your property?

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?

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

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?
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?
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)?

(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**?

(1) First Choice: _____

(2) Second Choice: _____

(3) Third Choice: _____