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WILLS/TRUSTS QUESTIONNAIRE

1. BACKGROUND INFORMATION DATE: _____

Client's Name: _____

Social Security #: _____

Marital Status: _____

Spouse's Name: _____

Spouse's Social Security #: _____

Address: _____

Street

Apt #

City

County

State

Zip code

Telephone Number: _____ (Residence)

_____ (Business)

Children: Y/N

Children's Names Dates of Birth:

Children under 18: Y/N

If you have children under the age of 18, Who do you choose to serve as guardian of your minor child or children: _____

If this person shall fail to qualify or cease to act as guardian, who do you name as an alternate guardian for your minor child or children: _____

_____.

Children of deceased children: Y/N

Children of deceased children's name:

Previously Married: Y/N

Date of Divorce: _____

Name of Ex-Spouse: _____

Children from Previous Marriage: Y/N

Name(s) of children:

Spouse Previously Married: Y/N

Date of Divorce: _____

Name of Ex-spouse: _____

Children from Spouse's Previous Marriage: Y/N

Names(s) of children:

Client's Parents:

Father

Mother

Name: _____

Address: _____

Age: _____

Financially independent: Y/N

Y/N

Client's Spouse Parents:

	Father	Mother
Name:	_____	_____
Address:	_____	_____
	_____	_____
Age:	_____	_____
Financially independent:	Y/N	Y/N

Do you want to make specific bequests of property to one or more people, charities or institutions? Y/N

If Yes: Please indicate Name of the Beneficiary for whom you wish to make specific bequests of property:

#1. _____	#5. _____
#2. _____	#6. _____
#3. _____	#7. _____
#4. _____	#8. _____

Describe the property you want to leave for each of the beneficiaries named #1 -#8 above:

#1. _____

#2. _____

#3. _____

#4. _____

#5. _____

#6. _____

#7. _____

#8. _____

If the Beneficiary named above to receive the property specified above, fails to survive you, you choose that the property pass:

(Choose One:)

1. In equal shares to the children of that Beneficiary

Names of children (if available): _____

2. Directly to one or more alternate Beneficiary named below:

Names of alternate Beneficiaries: _____

3. Indicate the name of one or more Beneficiaries to take your residuary estate (whatever is left after the above bequests):

Names: _____

If the residuary Beneficiary named above, fails to survive you, you can have the property pass:

(Check One:)

1. In equal shares to the children of that residuary Beneficiary

Names of children (if available): _____

2. Directly to one or more alternate residuary Beneficiaries named below:

Names of alternate residuary Beneficiaries: _____

If you have named a minor as a Beneficiary, you must establish a trust for a minor or young adult Beneficiary? Enter name of minor or young adult Beneficiary for whom you wish to establish

Trust _____

1a) Name person to serve as property custodian, called Trustee: _____

1b) Name a successor (alternate) Trustee to serve in case your first choice is unwilling or unable to manage the property:

2a.) Enter the age between 18 and 40 at which you wish to end the trust:

_____ (We recommend age 35)

Who do you name as your personal representative (executor):

If this person or institution shall fail to qualify or cease to act as personal representative, you name: _____ as personal representative instead.

Are there any debts you wish to cancel? Y/N

If Yes, describe the Debts you wish to cancel, Include the names of the people or person owing the debts, the dates the debts were originally issued and the amounts you wish to forgive:

Do you want to specify how your debts and expenses will be paid?

Y/N

If Yes, indicate your choice for payments of your debts and expenses: (Check One:)

1. Payments of debts and expenses from one or more designated assets.

Please list designated asset (eg. Savings A/C with X Bank): _____

2. Payment of debts and expenses from residuary estate.

Enter a precise description of assets you wish to use for payment of your debts and expenses in the order you want them used:

Do you want to specify how your estate and inheritance taxes will be paid? Y/N

Indicate your choice for payment of your estate and inheritance taxes. (Check One):

1. From one or more designated assets, indicate asset:

2. Residuary Estate

3. All your property

Client's Brothers and Sisters:

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

Client's Spouse's Brothers and Sisters:

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

Name: _____

Age: _____

Children: _____

II. The Client's Assets

Bank Accounts

Checking Account: _____

Name of Bank: _____

Average Balance: _____

Savings Account: _____

Name of Bank: _____

Average Balance: _____

Real Estate

Address: _____

Legal Title Held As: _____

Fair Market Value: _____

Mortgage: _____

Life Insurance: _____

Business Interest: _____

Other Assets: _____

TOTAL WORTH ESTIMATE

Assets

	Client's	Spouse's
Bank Accounts	_____	_____
Stocks & Bonds	_____	_____
Real Estate	_____	_____
Life Insurance	_____	_____
Business Assets	_____	_____
Other Assets	_____	_____
TOTAL	_____	_____

Liabilities

Unsecured Notes	_____	_____
Mortgages	_____	_____
Other Liabilities	_____	_____
TOTAL	_____	_____

Net Worth

(Assets - Liabilities) _____

III. BURIAL INSTRUCTIONS

1. Do you have specific requests for your funeral:

Buried _____ Cremated _____ Other _____

2. Religious affiliation: _____

3. Specific cemetery or place to be buried:

4. Specific person(s) to handle the funeral arrangements:

POWER OF ATTORNEY QUESTIONNAIRE

Your Name: _____

1. Who do you constitute and appoint as your true and lawful attorney for you and in your place and stead to handle and conduct all of your personal and business affairs if you at any time suffer a catastrophic illness and/or severe physical or mental injury which significantly impairs your ability to physically or mentally conduct your personal and business affairs:

Please print name of appointed person

Street Address

City County State Zip

Relationship

Signature

LIVING WILL QUESTIONNAIRE

Name: _____

Please circle your answers

1. If you should have a terminal condition as defined in and established in accordance with the procedures set forth in paragraph (2), (9) and (13) of Code Section 31-32-2 of the Official Code of Georgia Annotated, with the exception herein that three (3) medical opinions be secured, do you direct that the application of life-sustaining procedures to your body be withheld or withdrawn and you be permitted to die? Yes No
2. In the absence of your ability to give directions regarding the use of such life-sustaining procedures, is it your intentions that this living will be honored by your family and physician(s) as the final expression of your legal right? Yes No
3. Do you authorize any donations of your organs? Yes No
4. Do you understand that you may revoke this living will at any time? Yes No
5. Are you aware and understand the full importance of this living will? Yes No
6. Are you at least 18 years of age? Yes No
7. Are you emotionally and mentally competent to make this living will? Yes No
8. If you are a female and have been diagnosed as pregnant, Are you aware that this living will shall have no force and effect during this course of your pregnancy? Yes No