

Your attorney will use the answers provided on this questionnaire to prepare your requested documents.

Date: _____

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Former Names (*including maiden name or previous marriage names*)

Home Address: _____

County of Residence: _____ How long have you lived in this county? _____

Telephone Number: _____

Date of Birth: _____ Place of Birth (city and state): _____

Date Moved to Georgia: _____

Occupation: _____

Have you ever served in the military? Yes _____ No _____

Do you have an existing will? (*If yes, please provide a copy*) Yes _____ No _____

Have you granted power of attorney to another individual? (*If yes, please provide a copy*) Yes _____ No _____

Do you have a living will? (*If yes, please provide a copy*) Yes _____ No _____

Do you have a health care proxy? (*If yes, please provide a copy*) Yes _____ No _____

Have you made gifts to any individual in any year in excess of \$10,000? (*If yes, please provide a copy of any gift tax returns*) Yes _____ No _____

RELATIONSHIP STATUS

Married _____ Life Partner _____ Divorced _____ Separated _____ Widowed _____ Never Been Married _____

Full Name of Present Spouse/Life Partner: _____

Spouse/Life Partner's Date of Birth: _____ Country of Citizenship: _____

Date Married: _____ Place of Marriage (city and state): _____

Do You Have a Prenuptial Agreement? _____

If yes, please provide a copy.

Former Spouse:

If you need more space, please use the back of this page

How Many Times Have You Been Married? _____

Name of Former Spouse: _____

Address of Former Spouse: _____

How many years were you married to your former spouse: _____

Place of Marriage (city and state): _____

How Was Your Previous Marriage Terminated: Death _____ Divorce _____

Does a Property Settlement Agreement Exist: _____

If so, please describe the provisions: _____

Other Obligations:

Do you have any other continuing obligations under any property settlement or any agreements with anyone concerning the inheritance of your property? Yes _____ No _____
(If yes, please provide a copy)

FAMILY

Do you have any living children? Yes _____ No _____

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Other parent of your child: _____

Natural or Adopted? _____

Does your child have any special mental or physical problems? _____

Was the child born in or out of wedlock? _____

Is the child married: Yes _____ No _____

Name of Child's Spouse: _____

Does your child's spouse have any special mental or physical problems? _____

Does your child have any deceased spouses? _____

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Other parent of your child: _____

Natural or Adopted? _____

Does your child have any special mental or physical problems? _____

Was the child born in or out of wedlock? _____

Is the child married: Yes _____ No _____

Name of Child's Spouse: _____

Does your child's spouse have any special mental or physical problems? _____

Does your child have any deceased spouses? _____

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Other parent of your child: _____

Natural or Adopted? _____

Does your child have any special mental or physical problems? _____

Was the child born in or out of wedlock? _____

Is the child married: Yes _____ No _____

Name of Child's Spouse: _____

Does your child's spouse have any special mental or physical problems? _____

Does your child have any deceased spouses? _____

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Other parent of your child: _____

Natural or Adopted? _____

Does your child have any special mental or physical problems? _____

Was the child born in or out of wedlock? _____

Is the child married: Yes _____ No _____

Name of Child's Spouse: _____

Does your child's spouse have any special mental or physical problems? _____

Does your child have any deceased spouses? _____

Do you have any deceased children? Yes _____ No _____

Name: _____

Please list the Name and Addresses of his or her heirs or next of kin:

Use the back of this page if necessary

Do you have any grandchildren? Yes _____ No _____

Grandchild's Name: _____

Which of your children is the grandchild's parent? _____

Grand Child's Age: _____ Date of Birth: _____ Sex: _____

Address: _____

Does the grandchild have any special mental or physical problems? _____

Was the grandchild born in or out of wedlock? _____

Grandchild's Name: _____

Which of your children is the grandchild's parent? _____

Grand Child's Age: _____ Date of Birth: _____ Sex: _____

Address: _____

Does the grandchild have any special mental or physical problems? _____

Was the grandchild born in or out of wedlock? _____

Grandchild's Name: _____

Which of your children is the grandchild's parent? _____

Grand Child's Age: _____ Date of Birth: _____ Sex: _____

Address: _____

Does the grandchild have any special mental or physical problems? _____

Was the grandchild born in or out of wedlock? _____

If any of your children or grandchildren were born out of wedlock, please indicate to the attorney if you want that child or grandchild to receive an equal share of your property as those children or grandchildren born in wedlock.

Does anyone other than you or your spouse have custody of any of your minor children (including joint custody)

Yes _____ No _____

Name of Child: _____

Name of Custodian: _____

Address of Custodian: _____

Is your mother living or deceased? _____

Mother's Name: _____

If Living:

Age: _____ Date of Birth: _____

Address: _____

If Deceased:

Year of Death: _____ Place of Death: _____

Is your father living or deceased? _____

Father's Name: _____

If Living:

Father's Age: _____ Date of Birth: _____

Father's Address: _____

If Deceased:

Year of Father's Death: _____ Place of Death: _____

Is your spouse's or life partner's mother living or deceased? _____

Spouse's or Life Partner's Mother's Name: _____

If Living:

Spouse/Life Partner's Mother's Age: _____ Date of Birth: _____

Address: _____

If Deceased:

Year of Death: _____

Place of Death: _____

Is your spouse's or life partner's father living or deceased? _____

Spouse's or Life Partner's Father's Name: _____

If Living:

Spouse's or Life Partner's Father's Age: _____ Date of Birth: _____

Address: _____

If Deceased:

Year of Death: _____ Place of Death: _____

Do you have any living siblings? Yes _____ No _____

Please use the back of this page if necessary

Sibling's Name: _____

Address: _____

Whole _____ Half _____ Step _____

Does he or she have any living children: Yes _____ No _____

Sibling's Name: _____

Address: _____

Whole _____ Half _____ Step _____

Does he or she have any living children: Yes _____ No _____

Please list the name, phone number, and address of any other person to which you wish to leave something whom you have not already listed.

Use the back of this page if necessary

ASSETS

Do you have a safety deposit box? Yes _____ No _____

Location of your safety deposit box: _____

Do you own any real estate? Yes _____ No _____

Please use the back of this page if necessary

Residential or Business: _____

Address: _____

Is this property owned jointly with anyone? Yes _____ No _____

Name of Joint Owne _____

Address: _____

Do you have a mortgage? Yes _____ No _____

Do you have mortgage life insurance? Yes _____ No _____

Do you have any bank accounts or cash? Yes _____ No _____

Please list all bank accounts separately

Cash

Approximate value of cash on hand: \$ _____

Accounts:

Bank: _____ Type of Account: _____

Individual or Joint: _____ Approximate Value: \$ _____

Bank: _____ Type of Account: _____

Individual or Joint: _____ Approximate Value: \$ _____

Do you have any Stock, Bond or Brokerage Accounts? Yes _____ No _____

Approximate value: \$ _____ Individual or Joint: _____

Do you own life insurance? Yes _____ No _____

Company Name: _____ Policy Number: _____

Beneficiary: (1) _____

(2) _____

(3) _____

Do you have any investment accounts? (i.e. 401k or IRA) Yes _____ No _____

Type of Account: _____ Approximate value: \$ _____

Individual or Joint: _____

Do you own any works of art created by you? Yes _____ No _____

Please include any previously created inventories, appraisals or catalogues of your work.

Please use the back of this page if necessary.

Name of Work: _____

Approximate Value: \$ _____ Have you registered the copyright in this work? Yes _____ No _____

Do you own the copyright to this work? Yes _____ No _____

If No

Who holds the copyright? _____ When was it transferred? _____

If Yes

Have you granted a license to anyone to use the work? Yes _____ No _____

To Whom: _____

For What: _____

When was the license granted: _____

Name of Work: _____

Approximate Value: \$ _____ Have you registered the copyright in this work? Yes _____ No _____

Do you own the copyright to this work? Yes _____ No _____

If No

Who holds the copyright? _____ When was it transferred? _____

If Yes

Have you granted a license to anyone to use the work? Yes _____ No _____

To Whom: _____

For What: _____

Please list any works of art you created and sold but in which you retained the copyright.

Name of Work: _____

Purchaser of Work: _____

Name of Work: _____

Purchaser of Work: _____

Do you owe anyone (other than credit cards) money? (i.e. mortgage, student loans or any other debt)

Yes _____ No _____

Who? _____

Address: _____

Approximate Value? \$ _____

Who? _____

Address: _____

Approximate Value? \$ _____

Are you currently a party to any pending litigation? Yes _____ No _____

If yes, please list the pending litigation: _____

BEQUESTS

Who do you want to receive your real estate interests?

Property Address

Person or Organization to receive

1) _____

2) _____

3) _____

Who do you want to receive your personal property? (i.e. jewelry, furniture, etc. *excluding works of art created by you*)?

Item	Person or Organization to receive
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Who do you want to receive works of art created by you?

Work	Person or Organization to receive	Are they to receive the copyright interest in the work?
1) _____	_____	Yes ___ No ___
2) _____	_____	Yes ___ No ___
3) _____	_____	Yes ___ No ___
4) _____	_____	Yes ___ No ___
5) _____	_____	Yes ___ No ___
6) _____	_____	Yes ___ No ___

List any persons or organizations to which you wish to leave a specific amount of money:

Amount	Person or Organization to receive
1) \$ _____	_____
2) \$ _____	_____
3) \$ _____	_____

Do you wish to leave a donation to any non-profit organizations?

Amount	Organization
1) \$ _____	_____
2) \$ _____	_____
3) \$ _____	_____

Who do you want to receive the residuary of your estate? *(Any property which you have not specifically bequeathed is considered the “rest, residue and remainder” of your estate.)*

Person or Organization	Percentage
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Total = 100%

Do you want these bequests to go to your beneficiaries immediately or only if the beneficiaries survive you by 30____, 90____, or 180____ days.

IF you choose 30, 90, or 180 days and the person dies within that time period, then the property you left to him/her returns to your estate.

Do you want your estate to pay any and all debts secured by your property (such as a mortgage) or do you want the beneficiary of the property to be responsible for the debt? Estate_____ Beneficiary_____

Do you want your estate to pay for the shipping and storage costs associated with the bequests? Yes____ No_____

EXECUTOR

Who do you want to be the executor of your will? (*The executor is the person who carries out the instructions of your will*)

Name: _____ Telephone No. _____

Address: _____

Who do you want to be the successor executor of your will? (*The person who will carry out the instructions of your will if the executor is unable to do so*)

Name: _____ Telephone No. _____

Address: _____

Do you want the executor of your will to receive a fee, which is paid by your estate, for his or her services? According to O.C.G.A. §53-6-140, the executor of a will is entitled to 2.5% of your estate. Thus, by marking "No," the executor may still receive 2.5%. However, if you would like to set a different amount or express your consent that the executor receives this 2.5%, please check "Yes."

Yes _____ No _____

If Yes

How much money or what percentage of your estate? _____

TRUST

Do you want to set up a trust for the property you are leaving to anyone? (*Possibly to a minor child or an adult who is unable to handle the property responsibly*) Yes _____ No _____

Name: _____ Adult _____ Minor _____

If Minor, at what age do you want the trust to end? _____

Who do you want to be the Trustee? (*person who will carry out the instruction of the trust and may or may not be the Executor of the will*)

Name: _____ Telephone No. _____

Address: _____

Who do you want to be the Successor Trustee? (*The person who will carry out the instructions of the trust if the trustee is unable to do so*)

Name: _____ Telephone No. _____

Address: _____

LIVING WILL AND POWER OF ATTORNEY

Would you like to create a Living Will? (*a document that informs your doctor of whether you want to be on life support if you are unconscious and unable to communicate and are in a terminal condition*)

Yes _____ No _____

Would you like to name a Durable Medical Power of Attorney? (*this person will make medical decisions for you if you are permanently or temporarily unable to communicate, but if you have a living will it will govern the above stated life support decisions*)

Yes _____ No _____

If yes, Who would you like to name as the primary agent?

Name: _____ Telephone No. _____

Address: _____

Who would you like to name as the back-up agent?

Name: _____ Telephone No. _____

Address: _____

Would you like to name a Financial Power of Attorney? *(this person will handle your business and monetary affairs while you are still alive if you are unable to handle them yourself)*

Yes _____ No _____

If yes, Who would you like to name as the primary agent?

Name: _____ Telephone No. _____

Address: _____

Who would you like to name as the back-up agent?

Name: _____ Telephone No. _____

Address: _____

Do you want your agent to have power of attorney now or only if you are unable to manage your affairs?

If the power passes upon disability, your agent will have to prove that you are disabled before having the authority to transact business in your name. Designating that the power pass now, makes it easier for your agent to manage your affairs. However, your agent will also have the power to transact business in your name with out your being disabled.

Now _____ Effective Upon Disability _____

If effective upon disability, how should your status as disabled be determined and by whom?

If designation is by court order, you run the risk of having the agency voided and a guardian appointed by the court. Typical methods include certification by one or multiple physicians or determination by a committee consisting of trusted loved ones.

FUNERAL AND BURIAL DIRECTIONS

Do you wish to be buried or cremated? Buried _____ Cremated _____

If Buried, where do you wish to be buried? _____

If Cremated, do you want your ashes scattered and where? _____

Do you have any other specific requests concerning the handling of your body or burial ceremony? (*i.e. donation of body or parts or instructions for perpetual care of your burial site*)
