



Estate Planning Questionnaire

How did you hear about us?		
I. GENERAL INFORMATION		
	Husband/Partner 1	Wife/Partner 2
Preferred Salutation (Dr., Mrs., Ms.)		
Full legal name		
Previous Names		
Preferred Name		
Date of birth		
Social Security number		
Home telephone number		
Mobile telephone number		
Work telephone number		
Home mailing address		
County of Georgia Residence		
Citizen of U.S. (Yes/No)		
E-mail address		
Have you made a will, signed a trust, powers of attorney, or other estate planning document before? *		
Have you entered into a pre- or postnuptial agreement? *		
Are you married?		
Have you been married before?		

<p>Do you have any current serious health concerns? If yes, what are they?</p>		
<p>Capacity (If Applicable). Do you have concerns about your own capacity, now or in the near future? Do you feel like other family members have concerns about your capacity, or your spouse's capacity?</p>		
<p>Do you have any upcoming surgeries, medical problems or travel? If so, on what date? Do you wish to have your documents in place prior to the procedure?</p>		
<p>Do you anticipate receiving an inheritance?</p>		
<p>Approximate size?</p>		
<p>Are you a trust beneficiary? *</p>		
<p>Name, Email & Phone Number for Financial Planner</p>		
<p>Do you own property located in another state? * Add address (please bring deed to meeting)</p>		
<p>Would you like your executed documents to be maintained in the Grissom Law, LLC safe?</p>		
<p>Would you like an electronic copy of your executed documents?</p>		
<p>* If you answered "yes" to any of these questions, please bring a copy of the prior will, nuptial agreement, separation agreement, decree of dissolution, trust agreement, or other applicable document with you to our initial meeting.</p>		

FAMILY INFORMATION

Children Full Legal Names	Male/ Female	Date of Birth	Child of Husband's/ Wife's/ Both	Single or Married	Disabilities / Special Needs
Children Full Legal Names	Male/ Female	Date of Birth	Date of Death		
Grandchildren Full Legal Names	Male/ Female	Date of Birth	Child's Parents	Single or Married	Disabilities / Special Needs

II. BENEFICIARIES

When we meet to discuss your estate planning, I will review with you in detail the various ways property can be distributed upon your death. For now, however, please list the names of the person, groups of persons, or entities (including charitable organizations) that you would like to benefit from your estate upon your death.

Husband /Partner 1	Wife / Partner 2

Specific beneficiaries. List the persons or entities to which you wish to make gifts of cash or real property upon your death. (We will include a memo provision for personal property.)

Gift	Husband /Partner 1	Wife / Partner 2

Residuary beneficiaries. List the persons or entities to which you wish to leave the remainder of your estate after specific bequests are made.

	Husband /Partner 1	Wife / Partner 2

III. FIDUCIARIES

In the course of your estate planning, you will be required to select fiduciaries, which are individuals or entities entrusted to act on your behalf in some capacity, such as to administer assets of your estate upon your death, to administer trust assets on behalf of beneficiaries, to make health decisions for you if you are unable to make those decisions yourself, or to take care of your minor children in the event that you are unable to do so. Below, I have asked you to supply names and addresses for the persons whom you have selected for such fiduciary positions. In addition, please list the appointed fiduciary's relationship to you. When choosing a fiduciary, please note that it is often appropriate for a surviving spouse to act in such capacity and that you can name more than one person to act as a fiduciary. If you are having trouble choosing fiduciaries, feel free to skip over this section. I will go over each fiduciary position in detail when we meet to discuss your estate planning.

Personal representative: Often called an "executor," a personal representative has broad powers to administer and distribute your property after your death. Please list their names and City/State.

	Husband /Partner 1	Wife / Partner 2
Personal Representative		
Successor Personal Representative		
Second Successor Personal Representative		
Third Successor Personal Representative		

Trustee: A trustee is a person or entity who administers and distributes property held in a trust. A trust may be established under your will for a variety of purposes such as for tax purposes or for the purpose of administering property that would otherwise pass outright to minor children. Please list their names and City/State.

	Husband /Partner 1	Wife / Partner 2
Trustee		
Successor Trustee		
Second Successor Trustee		
Third Successor Trustee		

Guardian: A guardian is a court approved individual who makes decisions regarding a minor child's support, care, education, health, and welfare. Please list their names and City/State.

Husband /Partner 1	Wife / Partner 2
Guardian Name: Address: Mobile Phone Number: Relationship:	Guardian Name: Address: Mobile Phone Number: Relationship:
Successor Guardian Name: Address: Mobile Phone Number: Relationship:	Successor Guardian Name: Address: Mobile Phone Number: Relationship:

Agent with financial power of attorney: An agent with financial power of attorney is a person authorized to make financial decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for yourself while you have capacity or to make those decisions for you in the event that you are incapacitated.

	Husband /Partner 1	Wife / Partner 2
Agent		
Successor Agent		
Second Successor Agent		
Third Successor Agent		

Agent with medical power of attorney: An agent with medical power of attorney is a person authorized to make medical and healthcare decisions for you during your life. The power of attorney document can authorize your agent to assist you in making those decisions for you in the event that you are incapacitated.

	Husband /Partner 1	Wife / Partner 2
Agent		
Successor Agent		
Second Successor Agent		
Third Successor Agent		

IV. ASSETS

Please list the value of the following assets owned by you, by your partner, or jointly. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and I will discuss it with you in detail when we meet.

	Owned by Husband Balance:	Owned by Wife Balance:	Owned Jointly Balance:	Name of Financial Institution
Cash				
Checking Accounts				
Savings Accounts				
CDs				
Money Market Funds				
Stocks and Brokerage Accounts				
Taxable Bonds / Bond Funds				
401K				
IRA				
Keoghs				
Annuities				
Life Insurance Value				
Long Term Care Insurance				
Motor Vehicles - Value				
Boats - Value				
Aircrafts-Value				
Interests in Trusts				
Copyrights, Royalties, Patents, Trademarks, and other Tangible Rights				
Personal Property (Antique, artwork, jewelry, collections, etc.)				
Property subject to a power of appointment (whose & amount)				

V. Liabilities	
Real Estate Mortgage -Amount	
Auto Loans - Amount	
Business Loans - Amount	
Educational Loans - Amount	
Other Long-term Debt - Amount	
Personal Loans - Amount	
Other Short-term Debt - Amount	

Questions for the Attorney:

Date: _____

Signature: _____

Date: _____

Signature: _____

