

## PERSONAL INFORMATION FOR ESTATE PLANNING

<b>Husband</b>	
Full Name:	
Work Phone:	Home phone:
Cell Phone:	Email:
County of Residence:	Citizenship:
Residence Address:	
Mailing Address: (If different from Residence)	
Wife:	
Full Name:	
Maiden Name:	
Work Phone:	Home phone:
Cell Phone:	Email:
County of Residence:	Citizenship:
Residence Address:	
Mailing Address: (If different from Residence)	

Living Children: - Please give the full names of all of your children along with their birth dates. If any of your children are only the child of one spouse, please indicate which spouse is the parent of that child. For children who are the children of both spouses you can state "Both" or leave the parent indication blank.

Full name of Child Age Parent

Deceased Child(ren):		
Name	Birth date	Date of death
f any deceased children, please indicate if to Concerning You and Your Spouse:	Husband	Wife
Please check all that apply.		
Have you or your spouse completed previous will, trust, or estate planning? (Please bring copies to the initial meeting)	☐ Yes ☐ No	☐ Yes ☐ No
Concerning your child(ren): Please check all that apply.		
Do you have adopted children?	☐ Yes ☐ No	☐ Yes ☐ No
Are any of your children or other beneficiaries disabled?	☐ Yes ☐ No	☐ Yes ☐ No

## **QUESTIONS TO THINK ABOUT BEFORE THE INITIAL MEETING**

1. **EXECUTOR**. The Executor is responsible for probating your will and then carrying out the instructions contained in your will. Please give the full names of your primary choice for Executor and your alternates if you have suitable persons. If you and your spouse

	have different choices for your backup or alternate Executor, please indicate which alternate is for which spouse.
	Executor (Normally your spouse): Alternate Executor: Second Alternate:
2.	<b>TRUSTEE OF TRUST FOR CHILDREN AND OTHER DESCENDANTS</b> . The Trustee is responsible for managing any assets going to your minor children until they reach a certain age. It is a good idea, if you have suitable candidates, to have an alternate or two in the event your primary choice is unable to act as Trustee.
	Trustee: Alternate Trustee: Second Alternate:
3.	<b>FINANCIAL MATTERS POWER OF ATTORNEY</b> . A financial power of attorney allows you to name an agent who can act for you in a broad range of financial areas. This can be a useful tool for couples should one of you be unavailable or incapacitated. Typically, you will name your spouse as agent, but you can name any person that you choose. You can also name alternates or backups if you so choose.
	Financial Matters Agent:
	First Alternate:
	Second Alternate:
4.	<b>GUARDIAN</b> . The Gaurdian is the person(s) responsible for the welfare and care of your minor children should something happen to both parents. It is a good idea to name backups or alternates if you have suitable candidates.
	Guardian(s):
	First Alternate(s):
	Second Alternate(s):
	PLAN OF DISTRIBUTION
1.	<b>SPECIFIC GIFTS.</b> Do you want to make any gifts to a charity? Do you wish to make any special gifts to particular persons? You can make specific gifts in your will or you can leave a list of instructions for your Executor. Gifts made in your will are more binding, but a list of instructions is more flexible.

	AGE OF DISTRIBUTION. If you establish a trust to allow a third party to mar assets for beneficiaries, when do you think the beneficiaries will be mature enough manage assets on their own? The usual age we select is twenty one, but if you have age that you feel is more appropriate for your beneficiaries please state below.
	<b>ULTIMATE DISTRIBUTION.</b> If you, your spouse, your children, and all obeneficiaries named fail to survive you, to whom do you want to leave your estates? The might consider a charity, your church, your heirs or particular relatives.
	GEORGIA ADVANCE HEALTHCARE DIRECTIVE
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irst kuj ecc uld	Georgia Advance Healthcare Directive is really three documents in one.  , it is a healthcare power of attorney which enables you to name a healthcare agent and
irst kup ecc uld to	Georgia Advance Healthcare Directive is really three documents in one.  It is a healthcare power of attorney which enables you to name a healthcare agent and so to make healthcare decisions for you should you be unable to do so for yourself.  Ind, it is a living will whereby you can state ahead of time your treatment preferences you be in a terminal condition or permanently unconscious. This can be a mechanism
irst kuj ecc uld to hir rdi	Georgia Advance Healthcare Directive is really three documents in one.  It is a healthcare power of attorney which enables you to name a healthcare agent and it is a living will whereby you can state ahead of time your treatment preferences you be in a terminal condition or permanently unconscious. This can be a mechanism remove that decision making burden and potential controversy from your family.  It is a guardianship nomination which allows you to state your preference for who your