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Date: _____

ESTATE PLANNING QUESTIONNAIRE
for
Married Couple

This questionnaire will provide us with basic personal and financial information for use in rendering estate planning advice. Please provide complete information in those portions of the questionnaire which are applicable to you. If the space below is insufficient, please attach extra pages or write on the reverse.

CONFIDENTIAL

Husband's Name _____ Date of Birth _____

Wife's Name _____ Date of Birth _____

Address _____ County _____

City, State, Zip _____

Home Phone _____

Husband's Social Security Number _____

Wife's Social Security Number _____

Husband's E-Mail Address: _____

Wife's E-Mail Address: _____

Husband's Employer/Position _____

Husband's Business Phone _____

Wife's Employer/Position _____

Wife's Business Phone _____

Bank Affiliation _____

Location of Safe Deposit Box _____

Accountant _____ Insurance Agent _____

Date and place of present marriage: _____

States of residence during present marriage (with approximate dates): _____

Has Husband ever been married previously? Yes ____ or No ____

If so, to whom? _____

Date of death of (or divorce from) former spouse:

Has Wife ever been married previously? Yes ____ or No ____

If so, to whom? _____

Date of death of (or divorce from) former spouse:

Georgia law makes it necessary for us to ask you if anyone in your family is a stepchild, foster child, adopted child, child born out of wedlock, or a child who has been adopted out of your family. If your answers to the next two questions include such persons, please check the "Special Circumstances" box.

Children:

<u>Name and Address</u>	<u>Date of Birth / Age</u>	<u>Name of Child's Spouse if Married</u>	<u>Check if Special Circumstances Apply</u>
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]

Names of deceased children: _____

Grandchildren:

<u>Name and Address</u>	<u>Date of Birth/Age</u>	<u>Name of Grand-Child's Parent</u>	<u>Check if Special Circumstances Apply</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

_____	_____	_____	<input type="checkbox"/>
_____	_____		

Heirs Only if you have no descendants, list names, ages and addresses of father, mother, sisters, brothers and other living next of kin of both yourself and your spouse. Indicate if "Special Circumstances" apply to them.

<u>Name and Address</u>	<u>Date of Birth / Age</u>	<u>Relationship</u>	Check if Special Circumstances Apply
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]
_____	_____	_____	[]

QUESTIONS TO CONSIDER

(Each spouse should answer – use separate pages as necessary)

1. Do your children (or grandchildren) have any problems or disabilities which should be considered in planning your estate? Do you have the responsibility for supporting anyone other than your children?

2. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?

3. If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property?

4. (a) You will need to name an Executor to administer your Estate. The Executor will collect assets, pay the debts, file the necessary tax returns and distribute the assets from your Estate in accordance with the terms of the Will. The Executor may be an individual (spouse, close relative or friend) or it may be a corporate fiduciary (a bank), or you may have more than one person and/or a corporate fiduciary acting as Co-Executors. Whom would you name?

Initial Executor(s): _____

Successor Executor(s): _____

(b) If you have a Trust set up under your Will to take care of your children and/or spouse, then you will need to name a Trustee who will invest and manage the Trust assets and make payments from the Trust to the various beneficiaries in accordance with the terms of the Will. The Trustee may be the same as the Executor, but this is not necessary. Whom would you name?

Initial Trustee(s): _____

Successor Trustee(s): _____

5. If you decided to name a guardian for your minor children (in case your spouse does not survive) whom would you name? (Think about a successor to the original guardian also.)

Initial Guardian(s): _____

Successor Guardian(s): _____

6. Do you or your spouse expect to inherit any substantial property in the near future which should be considered in planning your estate?

7. Do you and your spouse presently have wills? Are you parties to any insurance policies, deeds, trust agreements, buy-sell agreements, prenuptial agreements, settlement agreements pursuant to a divorce, or other documents or contracts affecting your estate? If so, please provide copies of these documents with the completed questionnaire.

8. Have you or your spouse ever been divorced? Do either of you have any financial obligations pursuant to a divorce decree or settlement agreement?

9. Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

FINANCIAL INFORMATION

<u>KIND OF ASSET</u>	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Listed or Traded Securities, both Stocks and Bonds (other than retirement accounts)	\$ _____	\$ _____	\$ _____
2. Cash/Cash Equivalents	\$ _____	\$ _____	\$ _____
3. Closely Held and Untraded Securities			
a.	\$ _____	\$ _____	\$ _____
b.	\$ _____	\$ _____	\$ _____
c.	\$ _____	\$ _____	\$ _____
4. Partnership or Sole Proprietor Interests			
	\$ _____	\$ _____	\$ _____
5. Retirement Accounts:			
a. 401(k)	\$ _____	\$ _____	\$ _____
b. IRA	\$ _____	\$ _____	\$ _____
c. Other	\$ _____	\$ _____	\$ _____
6. Residence	\$ _____	\$ _____	\$ _____
(Mortgage Debt)	\$ (_____)	\$ (_____)	\$ (_____)
Property Address: _____			
Please provide a copy of the deed.			
7. Other Real Property (include location by state)			
Please provide copies of all deeds for real estate owned.			
a. Property #1	\$ _____	\$ _____	\$ _____
(Mortgage Debt)	\$ (_____)	\$ (_____)	\$ (_____)
Property Address: _____			
b. Property #2	\$ _____	\$ _____	\$ _____
(Mortgage Debt)	\$ (_____)	\$ (_____)	\$ (_____)
Property Address: _____			
c. Property #3	\$ _____	\$ _____	\$ _____
(Mortgage Debt)	\$ (_____)	\$ (_____)	\$ (_____)
Property Address: _____			

8.	Car(s)	\$ _____	\$ _____	\$ _____
9.	Other Personalty	\$ _____	\$ _____	\$ _____
10.	Other	\$ _____	\$ _____	\$ _____
	TOTAL GROSS ESTATE	\$ _____	\$ _____	\$ _____
	(All Other Indebtedness)	\$ (_____)	\$ (_____)	\$ (_____)
	TOTAL	\$ _____	\$ _____	\$ _____

Life Insurance:

<u>Insured Life?</u>	<u>Company</u>	<u>Face Amount</u>	<u>Owner</u>	<u>Principal Beneficiary</u>	<u>Term Ins or Whole Life</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER ASSETS

- a. In case of your death or retirement, would any employer make payments to you or your spouse under any qualified pension or profit-sharing plan, deferred compensation plan, etc.? If so, please describe with approximate amounts and designated beneficiary.

b. Are you the beneficiary of any estate or trust currently in existence? If so, give details.

c. Do you or your spouse have any Safe Deposit Boxes?

Location

In Whose Name?

d. Stocks and Bonds (Attach list if necessary.)

Location: _____

Estimated

<u>Quantity</u>	<u>Description</u>	<u>Held in Whose Name?</u>	<u>Present Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ADDITIONAL FAMILY INFORMATION

1. Is either spouse not a U.S. citizen?

2. Please include below names of those both living and deceased. Indicate by asterisk (*) if brothers and sisters share only one parent in common with you.

Husband's Parents Address (or date of death)

Age

Husband's Brothers and Sisters Address or date of death)

Age

Wife's Parents Address (or date of death)

Age

Wife's Brothers and Sisters Address (or date of death)

Age

FINANCIAL POWERS OF ATTORNEY
(Each Spouse should answer)

Financial Powers of Attorney are documents by which you appoint a spouse, relative, or trusted associate to act as your Agent or Attorney-in-Fact to handle your business and financial affairs in the event of your inability to do so. This Power of Attorney may be effective as soon as it is signed or only in the event of your disability.

Do you want your POA to be effective as soon as it is signed?

Husband:	Wife:
Yes _____	Yes _____
No _____	No _____

Do you want it to be effective only in the event of your disability with the consent of your doctor?

Husband:	Wife:
Yes _____	Yes _____
No _____	No _____

Who do you want to appoint as your primary Agent or Attorney-in-Fact?

Husband: _____

Wife: _____

Do you want to appoint a secondary Agent or Attorney-in-Fact to act in the event that your first Agent fails to act or is not able to act?

Husband: _____

Wife: _____

ADVANCE DIRECTIVE FOR HEALTH CARE

Georgia’s Advance Directive for Health Care allows you to appoint an Agent to act on your behalf in medical affairs. It combines a health care power of attorney and a living will.

Please provide the names, address, and all telephone numbers (home, work and cell) of the persons you wish to act as your medical agent. You may appoint up to 3 people. Please designate your first, second and third choices.

Husband’s 1st Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Husband’s 2nd Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Husband’s 3rd Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Wife’s 1st Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Wife’s 2nd Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Wife’s 3rd Choice - Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____