WILLS • PROBATE
Siedentopf Law
ESTATE PLANNING

Office: 2751 Buford Hwy NE • Atlanta, Georgia 30324 • Phone: (404) 736-6066 • Fax: (404) 736-6057 • AtlantaLegalRemedy.com
Mailing Address: 2480 Briarcliff Road NE, Suite 6-345, Atlanta, Georgia 30329

ESTATE PLANNING INTAKE QUESTIONNAIRE - COUPLES

Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Additionally, when giving information about a minor, please provide the email and phone number for the child's guardian instead of the child.

Today's Date: _____

PERSONAL INFORMATION

CLIENT

Your Complete Legal Name: _____

Your Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: Yes ☐ No ☐

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ Marital Status: _____

Date of Marriage: _____ Date of Divorce: _____

Present Health: _____

Safe Deposit Box(es) Locations: _____ Name on Box: _____

_____ Name on Box: _____

_____ Name on Box: _____

Other Residences: _____

_____

Prior Residences: _____

_____

SPOUSE

Complete Legal Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Fax: _____ Is call needed before fax sent?: Yes ☐ No ☐

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ Marital Status: _____

Date of Marriage: _____ Date of Divorce: _____

Present Health: _____

Safe Deposit Box(es) Locations: _____ Name on Box: _____

_____ Name on Box: _____

_____ Name on Box: _____

Other Residences: _____

_____

Prior Residences: _____

_____

EMPLOYMENT/BUSINESS

CLIENT

Name of Business/Employment: _____

Business Address: _____

Phone: _____ Type of Business: _____

Form of Ownership (sole proprietor, partner, limited partner, corporation, other): _____

SPOUSE

Name of Business/Employment: _____

Business Address: _____

Phone: _____ Type of Business: _____

Form of Ownership (sole proprietor, partner, limited partner, corporation, other): _____

ESTIMATED INCOME FOR CURRENT YEAR

	Client	Spouse
Base Salary		
Bonus and Other Compensation		
Taxable Dividends and Interest		
Tax-Exempt Income		
Capital Gains or Losses		
Other Income (Specify)		
Total		

MILITARY SERVICE

Your branch of service: _____

Your dates of service: _____

Your rank: _____

Your service number: _____

Date of discharge: _____

Your service-connected disabilities (%): _____

Your pension and retirement information is located: _____

CASH, BANK ACCOUNTS, CERTIFICATES OF DEPOSIT INFORMATION

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Dates: _____

REAL PROPERTY INFORMATION

(Include Residential, Business, Recreational, Rental, Timeshare, Foreign Real Estate, Other)

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

Type: _____

Name(s) on Title: _____ Title Held By: _____

Assessed Value: _____ Insurance: _____

SECURITIES, STOCKS, BONDS, GOVERNMENT BONDS INFORMATION

STOCKS

Title: _____ Date of Death Value: _____

Company Name: _____ Number of Shares: _____

Type of Stock (Common or Preferred): _____ Certificate Numbers: _____

Title: _____ Date of Death Value: _____

Company Name: _____ Number of Shares: _____

Type of Stock (Common or Preferred): _____ Certificate Numbers: _____

U.S. SAVINGS BONDS

Title: _____ Serial Number: _____

Date of Issue: _____ Accrued Interest: _____ Date of Death Value: _____

Title: _____ Serial Number: _____

Date of Issue: _____ Accrued Interest: _____ Date of Death Value: _____

BONDS

Title: _____ Serial Number: _____

Issuer: _____ Date of Issue: _____ Bond Type: _____

Interest Note: _____ Maturity Date: _____ Face Amount: _____

Value at Maturity: _____ Date of Death Value: _____ Face Amount: _____

Title: _____ Serial Number: _____

Issuer: _____ Date of Issue: _____ Bond Type: _____

Interest Note: _____ Maturity Date: _____ Face Amount: _____

Value at Maturity: _____ Date of Death Value: _____ Face Amount: _____

INSURANCE AND ANNUITIES

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

TANGIBLE PERSONAL PROPERTY

MOTOR VEHICLES

	1	2	3
Make, Model, Year			
Titleholder			
VIN Number			
Who uses item			
Loan Company			
Loan Balance			
Monthly Payments			
Are Payments Current?			
Insurance Coverage			

OTHER VEHICLES (BOATS, TRAILERS, CAMPERS, MOTORBIKES, ETC.)

	1	2	3
Make, Model, Year			
Titleholder			
VIN Number			
Who uses item Loan			
Company			
Loan Balance Monthly			
Payments Are			
Payments Current?			
Insurance Coverage			

ASSETS

Asset	Client	Spouse	Joint
Personal Effects			
Home (Principal)			
Other Real Estate			
Bank Accounts & Certificates of Deposit			
Marketable Securities			
Non-Marketable Sec.			
Business Interests			
Life Insurance			
IRAs or Similar Accts			
Pension or Profit-Sharing Benefits			
Other Assets			
Total			

LIABILITIES

Liability	Client	Spouse	Joint
Current Debts Bank			
Loans			
Mortgages Payable			
Income Taxes			
Life Insurance Loans			
Other Debts			
Total			

Estimated Combined Present Net Worth: _____

Estimated Value of Estate (including insurance and employment benefits): _____

OTHER ASSETS

Are you currently a beneficiary of an estate or trust? (Includes trusts where you have an expectancy after a prior interest): ☐ Yes ☐ No If yes, please state:

Name of Estate/Trust	Relationship	Trustee	Value of Your Interest

Do you have any expected inheritances from your parents or other relatives?: ☐ Yes ☐ No

If yes, please state:

Person Who May Leave You Something	Relationship	Age	Value of Your Interest

Are you serving as executor or trustee of any estate or trust?: ☐ Yes ☐ No

If yes, please state:

Estate or Trust	Other Trustees	Value	Attorney Handling

Describe any other contingent asset you have been entitled to receive (i.e. negligence recovery):

CHILDREN AND STEP-CHILDREN

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____ Marital Status: _____

Occupation: _____

GRAND CHILDREN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____

PARENTS AND OTHER DEPENDENTS

Ante-nuptial or Postnuptial Agreements: _____

_____

Previous Marriages: _____

Children of Previous Marriages: _____

_____

Divorce or Legal Separation: _____

Settlement Information (child support, etc.): _____

_____

Special Dependency Cases (handicapped child, relative): _____

_____

Mental Disability: _____

Emotional Problems: _____

Other Health Problems: _____

INFORMATION FOR LAST WILL AND TESTAMENT

EXECUTOR/EXECUTRIX

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

ALTERNATE AGENT 2

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

GUARDIAN FOR MINOR CHILDREN

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

ALTERNATE AGENT 2

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

AGENT UNDER DURABLE POWER OF ATTORNEY

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

ALTERNATE AGENT 2

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

HEALTH CARE AGENT

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

ALTERNATE AGENT 2

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

FAMILY ADVISORS

ACCOUNTANT

Name: _____

Firm: _____

Address: _____

_____

Telephone: _____

ATTORNEY

Name: _____

Firm: _____

Address: _____

_____

Telephone: _____

DOCTOR	INSURANCE AGENT
Name:	Name:
Firm:	Firm:
Address:	Address:
Telephone:	Telephone:

SPECIFIC BEQUESTS (contained in Last Will & Testament)

Party	Item	Approximate Value

WISHES REGARDING DIVISION OF PROPERTY AND ASSETS

☐ I agree to submitting this form via email. I understand that if I do not wish to send via email, I may mail it to: 2480 Briarcliff Road NE,Suite 6-345,Atlanta,Georgia 30329, or call the office at (404)736-6066 to arrange for a secure transfer.

SUBMIT SAVE PRINT CLEAR