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*Mailing Address: 2480 Briarcliff Road NE, Suite 6-345, Atlanta, Georgia 30329*

**ESTATE PLANNING INTAKE QUESTIONNAIRE - INDIVIDUAL**

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**

|  |  |
| --- | --- |
| Your Complete Legal Name: |       |
| Your Present Address: |       |
| City: |       |  State: |       |  Zip Code: |       |
| Home Phone: |       |  Work Phone: |       |  Ext.: |       |
| Cell Phone: |       | Email: |  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**

|  |  |
| --- | --- |
| Name of Name Business/Employment: |       |
| Business Address:  |       |
| Phone: |       | Type of Business:  |       |
| Form of Ownership (sole proprietor, partner, limited partner, corporation, other): |
|         |

**ESTIMATED INCOME FOR CURRENT YEAR**

|  |  |
| --- | --- |
| 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 Date: |       |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name on Account: |       |  Account Type: |       |
|  |  |  |  |
| Bank/Institution: |       |  Number: |       |  Maturity Date: |       |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name on Account: |       |  Account Type: |       |
|  |  |  |  |
| Bank/Institution: |       |  Number: |       |  Maturity Date: |       |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name on Account: |       |  Account Type: |       |
|  |  |  |  |
| Bank/Institution: |       |  Number: |       |  Maturity Date: |       |
|  |  |  |  |  |  |  |

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: |       |

 INSURANCE AND ANNUITIES

 TANGIBLE PERSONAL PROPERTY

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |       | Serial Number: |       |
| Issuer: |       | Date of Issue: |       | Bond Type: |       |
| Interest Note: |       |  Maturity Date: |       | Face Amount: |       |
| Value at Maturity: |       | Date of Death Value: |       | Face Amount: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer: |       |  Beneficiary: |       |
| Policy Number: |       |  Amount: |       |
| Insurer: |       |  Beneficiary: |       |
| Policy Number: |       |  Amount: |       |

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

ASSETS

LIABILITIES

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:

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

If yes, please state:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Estate/Trust | Relationship | Trustee | Value of Your Interest |
|       |       |       |       |
|       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Person Who May LeaveYou Something | Relationship | Age | Value of Your Interest |
|       |       |     |       |
|       |       |     |       |

|  |  |
| --- | --- |
| Current Debts Bank |       |
| Loans |       |
| Mortgages Payable |       |
| Income Taxes |       |
| Life Insurance Loans |       |
| Other Debts |       |
| Total |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Effects | Home (Principal) | Other Real Estate | Bank Accounts &Certificates of Deposit |
|       |       |       |       |
| Marketable Securities | Non-Market Securities | Business Interests | Life Insurance |
|       |       |       |       |
| IRAs or Similar Accounts | Pension or Profit-Sharing Benefits | Other Assets | Total |
|       |       |       |       |

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 Code:  |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |
| Date of Birth: |       | Date of Death: |       |
| Social Security #: |       | Marital Status: |       |
| Occupation: |       |

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
|  Present Address: |       |
| City: |       | State: |       | Zip Code:  |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |
| Date of Birth: |       | Date of Death: |       |
| Social Security #: |       | Marital Status: |       |
| Occupation: |       |

 GRAND CHILDREN

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       |  Relationship: |       |
| Present Address: |       |
| City: |       |  State: |       | Zip Code:  |       |
| Home Phone: |       |  Work Phone: |       | Ext.: |       |
| Cell Phone: |       |  Email: |       |
| Date of Birth: |       |  Date of Death: |       |
| Social Security #: |       |  Marital Status: |       |
| Occupation: |       |
|  |  |
|  |  |
| Name: |       |
| Sex: |       |  Relationship: |       |
| Present Address: |       |
| City: |       |  State: |       |  Zip Code:  |       |
| Home Phone: |       |  Work Phone: |       |  Ext.: |       |
| Cell Phone: |       |  Email: |       |
| Date of Birth: |       |  Date of Death: |       |
| Social Security #: |       |  Marital Status: |       |
| Occupation: |       |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| City: |       |  State: |       |  Zip Code : |       |
| Sex: |       |  Date of Birth |       |  |
|  |
|  |
| Name: |       |
| Address: |       |
| City: |       |  State: |       |  Zip Code : |       |
| Sex: |       |  Date of Birth |       |  |
|  |
|  |

|  |  |
| --- | --- |
| 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 Code: |       |
| Home Phone: |       |  Work Phone: |       | Ext.: |       |
| Cell Phone: |       |  Email: |       |

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| City: |       |  State: |       |  Zip Code : |       |
| Sex: |       |  Date of Birth |       |  |
|  |
| Name: |       |
| Address: |       |
| City: |       |  State: |       |  Zip Code : |       |
| Sex: |       |  Date of Birth |       |  |

PARENTS AND OTHER DEPENDENTS

If above named agent is not available:

ALTERNATE AGENT 1

 GUARDIAN FOR MINOR CHILDREN

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       |  Zip Code: |       |
| Home Phone: |       | Work Phone: |       |  Ext.: |       |
| Cell Phone: |       | Email: |       |

ALTERNATE AGENT 1

ALTERNATE AGENT 2

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       |  Zip Code: |       |
| Home Phone: |       | Work Phone: |       |  Ext.:       |
| Cell Phone: |       | Email: |       |

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| 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 Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

ALTERNATE AGENT 1

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

**AGENT UNDER DURABLE POWER OF ATTORNEY**

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| 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 Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

**ALTERNATE AGENT 2**

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

**HEALTH CARE AGENT**

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| 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 Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

**ALTERNATE AGENT 2**

|  |  |
| --- | --- |
| Name: |       |
| Sex: |       | Relationship: |       |
| Present Address: |       |
| City: |       | State: |       | Zip Code: |       |
| Home Phone: |       | Work Phone: |       | Ext.: |       |
| Cell Phone: |       | Email: |       |

**FAMILY ADVISORS**

 **ACCOUNTANT ATTORNEY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Name: |       |
| Firm: |       | Firm: |       |
| Address: |       | Address: |       |
|       |  |       |
| Telephone: |       | Telephone: |       |

 **DOCTOR INSURANCE AGENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Name: |       |
| Firm: |       | Firm: |       |
| Address: |       | Address: |       |
|       |  |       |
| Telephone: |       | Telephone: |       |

**SPECIFIC BEQUESTS (contained in Last Will & Testament)**

Party Item Approximate Value

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
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**WISHES REGARDING DIVISION OF PROPERTY AND ASSETS**