Office: 2801 Buford Hwy NE, Suite 510 • Atlanta, Georgia 30329 Phone: (404) 736-6066 • Fax: (404) 736-6057 • EstateLawAtlanta.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

## SPOUSE 1

Preferred Name: Complete Legal Name: Present Address: City: State: Zip Code: Home Phone: Cell: E-mail: Date of Birth: Marital Status:

## SPOUSE 2

Preferred Name: Complete Legal Name: Present Address: City: State: Zip Code: Home Phone: Cell: E-mail: Date of Birth: Marital Status:

# EMPLOYMENT/BUSINESS

## SPOUSE 1

Name of Name Business/Employment: Business Address: City: State: Zip Code: Phone: Type of Business: Form of Ownership (sole propiertor, partner, limited partner, corporation, other):

## SPOUSE 2

Name of Name Business/Employment: Business Address: City: State: Zip Code: Phone: Type of Business: Form of Ownership (sole propiertor, partner, limited partner, corporation, other):



**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:

Safe Deposit Boxes:

# REAL PROPERTY INFORMATION

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

Type: Name(s) on Title: Assessed Value:

Type: Name(s) on Title: Assessed Value:

Type: Name(s) on Title: Assessed Value:

# SECURITIES, STOCKS, BONDS, GOVERMENT BONDS INFORMATION

## STOCKS

Title:

Company Name:

Title:

Company Name:

## U.S. SAVING BONDS



Title: Serial Number:

Date of Issue:

Title: Serial Number:

Date of Issue:

## BONDS

Title: Serial Number: Issuer: Maturity Date: Value at Maturity:

Title: Serial Number: Issuer: Maturity Date: Value at Maturity:

# INSURANCE AND ANNUITIES

Insurer: Beneficiary:

Policy Number: Amount:

Insurer: Beneficiary:

Policy Number: Amount:

# MOTOR VEHICLES AND OTHER VEHICLES (BOATS, CAMPERS, MOTORBIKES, ETC.)

|  |  |
| --- | --- |
| Make, Model, Year | Titleholder |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |



**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 |  |  |  |
| 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:

# 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

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



**CHILDREN AND STEP-CHILDREN**

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail: Date of Birth: Date of Death:

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail: Date of Birth: Date of Death:

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail: Date of Birth: Date of Death:

# GRAND CHILDREN

Name: Address: City: State: Zip Code: Sex: Date of Birth: Parent Name:

Name: Address: City: State: Zip Code: Sex: Date of Birth: Parent Name:

Name: Address: City: State: Zip Code: Sex: Date of Birth: Parent Name:



**INFORMATION FOR LAST WILL AND TESTAMENT - SPOUSE 1**

## EXECUTOR/EXECUTRIX

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

If above named agent is not available:

## ALTERNATE EXECUTOR 1

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

## ALTERNATE EXECUTOR 2

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

# INFORMATION FOR LAST WILL AND TESTAMENT - SPOUSE 2

## EXECUTOR/EXECUTRIX

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

If above named agent is not available:

## ALTERNATE EXECUTOR 1

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

## ALTERNATE EXECUTOR 2

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:



**GUARDIAN FOR MINOR CHILDREN**

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

If above named agent is not available:

## ALTERNATE AGENT 1

Name: Sex: Relationship: Present Address: City: State: Zip Code: Cell Phone: E-mail:

# AGENT UNDER DURABLE POWER OF ATTORNEY - SPOUSE 1

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

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: E-mail:



**AGENT UNDER DURABLE POWER OF ATTORNEY - SPOUSE 2**

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

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: E-mail:

# HEALTH CARE AGENT - SPOUSE 1

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

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: E-mail:

## ALTERNATE AGENT 2

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



**HEALTH CARE AGENT - SPOUSE 2**

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

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: E-mail:

## ALTERNATE AGENT 2

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



**OTHER INFORMATION / ESTATE PLANNING GOALS**

You may submit this intake form by email to [Sarah@EstateLawAtlanta.com.](mailto:Sarah@EstateLawAtlanta.com) If you would prefer not to send your documents by email, please call the office at (404)736-6066 to arrange a secure transfer.