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## 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

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#### 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

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#### SPOUSE 1

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



## CASH, BANK ACCOUNTS, CERTIFICATES OF DEPOSIT INFORMATION

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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

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(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

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### 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**

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Insurer: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Insurer: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

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

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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

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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

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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

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### 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

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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

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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

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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

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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

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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

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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.