



## 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

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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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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

(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

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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

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Asset	
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	
<b>Total</b>	

## LIABILITIES

Liability	
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

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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: \_\_\_\_\_

## 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

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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

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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.