

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Thank you for selecting me to assist you with your estate plan. I am requesting that you review this worksheet and complete what you are able as preparation for our first appointment. Together, we will review the contents of this worksheet at our appointment. The information noted in this worksheet will be used to make specific recommendations about your estate plan considering your personal needs and desires. To best consider your interests, I must be able to review this detailed information. Of course, this information will be confidential. Some of this requested information will not apply to you and your family situation. Please only complete those sections which you feel apply to you. Also, you may not be able to provide all the information requested. Please do not cancel or reschedule your appointment because of missing information. We can meet and discuss the information that you do have, and follow up on any missing items later.

If time permits, you may return this completed worksheet to me prior to our first meeting. This will allow our initial discussion to focus upon the substance of your estate plan, and streamline this process for you. If you do not return this to me by mail, please bring it with you to our first meeting.

If you currently have a Last Will and Testament, Durable Power of Attorney, Durable Power of Attorney for Healthcare, or Living Will, please bring those documents with you.

I am looking forward to meeting with you soon, and working with you to complete your estate plan.

We have set an appointment for _____. Please call me at (706) 543-4708 if you need to reschedule or cancel this appointment.

Estate Planning Worksheet – Simple Will Preparation

Full, legal name: _____

Date of birth: _____ Currently disabled? ___ yes ___ no

Veteran: ___ yes ___ no US citizen? ___ yes ___ no

Employer: _____ Retirement date: _____

Work phone: _____ Work email: _____

Spouse's full legal name (if applicable): _____

Date of birth: _____ Currently disabled? ___ yes ___ no

Veteran: ___ yes ___ no US citizen? ___ yes ___ no

Employer: _____ Retirement date: _____

Work phone: _____ Work email: _____

Home Mailing Address : _____

County: _____

Home telephone number: _____

If married, date of marriage: _____

Do you have a Prenuptial Agreement? ____ no ____ yes (If yes, please bring a copy for review).

Were either of you married previously? ____ no ____ yes (If yes, please note parties married, length of marriage, date of divorce or spouse's death below).

Notes:

Children of Marriage and Other Children

Names and birth dates of children of your current marriage:

Names of any other children, noting parents:

Are any of these children adopted? ____ no ____ yes

Have any of your children died? ____ no ____ yes

Are any of these children disabled? ____ no ____ yes

Do any of these children have a substance abuse problem or other concern that you want considered, or do you want to exclude any of these children from your will? ____ no ____ yes

Guardian of Minor Children

If you have a child or children under the age of 18, who would you like to name as a guardian?

Name: _____

Address: _____

Telephone: _____

Who would you like to name as an alternate guardian?

Name: _____

Address: _____

Telephone: _____

Any special concerns that you have regarding your child's/children's guardian(s)? no yes

Trustee of Testamentary Trust

If your Will includes a trust for your surviving spouse or minor children, do you know who you would like to have serve as a trustee? no yes

Trustee's Name: _____

Address: _____

Phone number: _____

Name of Alternate Trustee: _____

Name of Second Alternate Trustee: _____

Beneficiaries and Specific Bequests

Do you want to discuss making charitable bequests as part of your estate plan? no yes

Do you have any adult children with drug issues and/or other impediments to making good financial decisions? no yes

At this time, are your total assets (include life insurances, 401K and retirement plans) for both you and your spouse, if applicable more than or less than \$5 million?

Notes regarding assets and any real estate owned with someone other than spouse:

Notes about any specific bequests you would like to make:

Notes about any other issues you want to discuss during our appointment:

Executor / Personal Representative

If you are currently married, would you like your spouse to serve as the Executor of your estate?

_____ yes _____ no

Name of Executor (for you): _____

Name of Alternate Executor (for you): _____

Name of Second Alternate Executor (for you): _____

Name of Executor (for your spouse): _____

Name of Alternate Executor (for your spouse): _____

Name of Second Alternate Executor (for your spouse): _____

Power of Attorney: If you were unable to attend to your personal business (collect money due you, pay bills, manages assets), who would you trust to do that for you?

Name of Primary Agent (for yourself): _____

Name of Alternate Agent (for yourself): _____

Name of Second Alternate Agent (for yourself): _____

Name of Primary Agent (for your spouse): _____

Name of Alternate Agent (for your spouse): _____

Name of Second Alternate Agent (for your spouse): _____

Health Care Directive: If you were unable to make healthcare decisions for yourself, who would you trust to do that for you?

Your Date of Birth: _____

Name of Primary Agent (for yourself): _____

Name of Alternate Agent (for yourself): _____

Name of Second Alternate Agent (for yourself): _____

Your Spouse's Date of Birth: _____

Name of Primary Agent (for your spouse): _____

Name of Alternate Agent (for your spouse): _____

Name of Second Alternate Agent (for your spouse): _____