

ETHERIEDGE & ASSOCIATES, PC

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ESTATE PLANNING INFORMATION (Married Couple)

Please complete questionnaire and return to our office via mail or facsimile.

Date: _____ FAX: _____

Husband's name: _____ Age: _____

SSN: _____ Date of Birth: _____

Wife's name: _____ Age: _____

SSN: _____ Date of Birth: _____

Home Address: _____ County: _____

_____ Zip: _____

Phone: Home: _____ Cell : _____

Email Address: _____

Bank Affiliation: _____

Safe Deposit Location: _____

Husband's Employer: _____ Title: _____

Employer Address: _____

Work Phone: _____ Work FAX: _____

Wife's Employer: _____ Title: _____

Employer Address: _____

Work Phone: _____ Work FAX: _____

Living children (Indicate (A) adopted, (P) prior marriage, (S) stepchild):

Name	Age	Married?	City of Residence (if Not with parents)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deceased Children: _____

Grandchildren?

Name	Age	Married?	Lineal Parent (born to which child?)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other personal information you believe would be necessary or helpful for us to know?

ESTATE EVALUATION

Kind of Asset	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Residence (Note: A deed held By "H&W" normally means Each owns one-half)	\$ _____	\$ _____	\$ _____
2. Other Real Property (include Location by State)	\$ _____	\$ _____	\$ _____
Additional Real Property info.:			
3. Listed or Traded Securities	\$ _____	\$ _____	\$ _____
4. Closely held and untraded Securities	\$ _____	\$ _____	\$ _____
5. Partnership or Sole Proprietor Interests	\$ _____	\$ _____	\$ _____
6. Cash, Savings Accounts, CD's, etc.	\$ _____	\$ _____	\$ _____
7. Car(s)	\$ _____	\$ _____	\$ _____
8. Other Personalty	\$ _____	\$ _____	\$ _____
9. Cash Value (not face amount) of Life Insurance	\$ _____	\$ _____	\$ _____
10. Pension, Profit-Sharing, IRA's, etc.	\$ _____	\$ _____	\$ _____
11. Other	\$ _____	\$ _____	\$ _____
TOTAL GROSS ESTATE	\$ _____	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____	\$ _____
Other Debts	\$ _____	\$ _____	\$ _____
NET TOTAL	\$ _____	\$ _____	\$ _____

Are you the beneficiary of any estate or trust assets that have not been distributed to you?
(If yes, please bring the governing documents, if available.)

Do you own any property jointly with any other person? If so, is the ownership a joint tenancy with right of survivorship?

If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property? Each spouse answer separately.

QUESTIONS TO CONSIDER IN ADVANCE OF CONSULTATION

1. Do your children, grandchildren, or others you feel responsible for have any problems or special needs, which should be considered in designing your estate plan?
2. Do you have the responsibility for supporting anyone other than your spouse and children?
3. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?
4. Upon your death, how and to whom do you want your assets distributed?
5. Do you want to designate a guardian to care for your children in the event of your death? Think about a successor to the original guardian. Remember that a guardian primarily makes personal rather than financial decisions.
6. If you wanted an individual to serve as Executor or Trustee (with or without a bank as Co-Executor or Co-Trustee), whom would you name? Think about a successor also.

7. Powers of Attorney are often used to authorize someone to act for you under certain conditions, especially legal incapacitation. Whom would you like to name as your agent (and successor agent) under such a power? Powers of Attorney are revoked by death. We can condition the effectiveness of the powers on a physician's certifying the principal's inability to manage his or her own affairs.

8. Are both spouses U.S. citizens?

9. Additional information or details regarding unique circumstances, goals, or planning issues?

Note: Having the information requested in the following Items I. – VI. would be helpful, but is not absolutely essential at this time. Do the best you can to develop this information but do not let this effort delay the planning process. If the answers are hard to get or time consuming, please put a question mark.

I. Life Insurance

<u>Insured</u>	<u>Owner of Policy</u>	<u>Company</u>	<u>Face Amount</u>	<u>Primary Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>T (term), WL (whole life), U (universal), O (other)</u>
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____
_____	_____	_____	\$ _____	_____	_____	_____

II. Benefit plans (pensions, profit-sharing, IRA's, deferred compensation, etc.)

Type of Plan	Benefit Provided Or Amount	Death Beneficiary (if any)	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Do you have any significant contingent liabilities?

IV. Do you expect to inherit any substantial property in the near future, which should be considered in planning your estate?

V. Do you have any assets that require special consideration in your wills?

VI. It will be helpful for you to bring your present wills (if any), most recent tax return, and also insurance policies, deeds, trust agreements, buy-sell agreements, or other documents or contract affecting your estate to the planning session. It would also be helpful for you to show on a separate sheet the names, ages, addresses, and occupations of your parents and siblings.