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ESTATE PLANNING QUESTIONNAIRE

This questionnaire is designed to facilitate the estate planning process. The questionnaire will assist you in considering your estate plan by prompting you to consider common estate planning issues. The questionnaire will also assist us in making a preliminary assessment regarding your estate planning needs and provide the basic information necessary to draft typical estate planning documents. This questionnaire is intended to supplement, not replace, an in-person estate planning conference.

There is a worksheet attached to this questionnaire which asks you to consider your assets and liabilities. The goal of the worksheet is to make a very rough estimate of your potential estate to determine, if there are estate/gift tax implications that need to be addressed. You may also find it useful in considering what property you own and whether you wish to make any specific gifts to your heirs or beneficiaries.

GENERAL INFORMATION

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Home Address: _____

County of Residence: _____ Are you a United States Citizen? _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

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Nearest Living Relatives: *(Including children if applicable)*

<u>Name</u>	<u>Age</u>	<u>Relationship to You</u>	<u>Married?</u>	<u>Address</u>

Have you been married previously? If so, are you subject to or the recipient of ongoing alimony or support payments?

QUESTIONS TO CONSIDER IN ADVANCE OF ESTATE PLANNING CONFERENCE

1. Do you have any children or grandchildren with any problems or handicaps which should be considered in devising your estate plan? Do you have the responsibility for the support of any person other than your children?

2. Do you wish to make any specific gifts of property or money to any friends, relatives, or charities (i.e., the grandfather clock to your oldest daughter, land to a charity, etc.)? If so, please indicate to whom and type or amount of gift. Attach an extra page or write on the back of this page if necessary. (If married, each spouse should answer separately).

3. Aside from the specific gifts named above, whom do you want to receive your property at your death. Please name at least two different people or sets of people. For example, you might name your spouse, and if he is not living, your children. If you intend to disinherit an heir (typically a child), please specify. (If married, answer separately if you have different wishes).

4. If you and all of your descendants were killed in a common disaster, whom would you want to have your property? (If married, answer separately if you have different wishes).

5. If you decided to name a guardian for your minor children (in the event of the death of the child's other parent), whom would you name? Also name a successor guardian.

Guardian = _____

Successor Guardian = _____

6. If you wanted an individual to serve as Executor of your estate or Trustee of any Trusts you may create (with or without a bank as Co-Executor or Co-Trustee), whom would you name (also name a successor):

Executor(s) = _____

Successor Executor(s) = _____

Trustee(s) = _____

Successor Trustee(s) = _____

7. Please state whether you have a preference regarding burial, cremation or anatomical gifts.

8. We recommend as part of the estate planning process that you complete a Healthcare Directive. The directive is made part of the estate plan so that you can name your own health care agent/guardian while you are able rather than having one named for you by the courts in the event you become incapacitated. This agent is the person you will designate to make medical decisions for you in the event you are unable to make those decisions for yourself. The Directive also includes a Living Will.

(a) Do you desire a Healthcare Directive? _____ Yes _____ No

(b) If you desire a Healthcare Directive, whom would you name as your agent (and successor agent) under each such power?

Agent (name, address, telephone #, cell phone #) _____

Successor Agent (name, address, telephone #, cell phone #) _____

9. A General Power of Attorney will allow your designated agent to make any and all financial decisions for you. The General Power goes into effect IMMEDIATELY upon your executing it, so these are not for everyone. However, for some people, they are useful tools. If you keep your bank accounts jointly with someone else, you may not need this. If, however, your family would have difficulty accessing money in the event of your absence or incapacitation, this may be a solution.

Do you want a General Power? _____ Yes _____ No

If so, who would you name as agent? _____

NOTE: It will be helpful for you to bring your present Wills (if any) and also insurance policies, deeds, trust agreements, buy-sell agreements, and any other documents or contracts affecting your estate to the planning session, particularly if you have questions regarding any of them and their possible inclusion in your estate.

Please write down any questions or comments you may have:

ESTATE EVALUATION WORKSHEET

NOTE: *This worksheet will assist you in fully assessing the value of your estate so we may determine whether you have estate taxation issues that need to be addressed in the estate plan. This worksheet is not a required part of the estate plan and it is up to you whether you feel you need to return it to us. We do suggest you bring it to the estate planning conference. Many people have larger estates than they think, particularly if they own life insurance.*

Names: _____

<u>ASSETS:</u>	<u>ESTIMATED ESTATE VALUE</u>		
	Spouse 1	Spouse 2	Joint Ownership <i>(indicate if held jointly with right of survivorship)</i>
1. Residence	\$ _____	\$ _____	\$ _____
2. Other real property <i>(include location by state)</i>	\$ _____	\$ _____	\$ _____
3. Listed or traded securities or stocks	\$ _____	\$ _____	\$ _____
4. Closely held and untraded securities or stocks	\$ _____	\$ _____	\$ _____
5. Partnership or Sole Proprietor	\$ _____	\$ _____	\$ _____
6. Savings Accounts	\$ _____	\$ _____	\$ _____
7. Car(s)	\$ _____	\$ _____	\$ _____
8. Other Personalty	\$ _____	\$ _____	\$ _____
9. Other <i>(Miscellaneous)</i>	\$ _____	\$ _____	\$ _____
TOTAL GROSS ESTATE	\$ _____	\$ _____	\$ _____
Less Debts and Mortgages	(\$ _____)	(\$ _____)	(\$ _____)
TOTAL	\$ _____	\$ _____	\$ _____

OTHER ASSETS

Life Insurance:

<u>Company</u>	<u>Term or Whole</u>	<u>Principal Beneficiary</u>	<u>Secondary Beneficiary</u>	<u>Face Amount</u>

In case of your death or retirement, would any employer make payments to you under any qualified pension plan or profit-sharing plan, deferred compensation plan, etc.? If so, please describe with approximate amounts and designated beneficiary.

Do you expect to inherit any substantial property in the near future which should be considered in planning your estate? If so, please describe with approximate value.

Do you own or expect to own in the near future any stock in a "Subchapter S" corporation? If so, please describe with approximate value.

Is there anything else that we need to know to effectively plan your estate?
