

**WILLS QUESTIONNAIRE**

Your attorney will use the answers you provide on this form to prepare the documents you have requested.

Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

Full Name *(No Initials, please)*: \_\_\_\_\_

Address: \_\_\_\_\_

County: **Fulton** Or other? \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

U.S. Citizen? (Circle One) Yes No

**FAMILY**

Present marital status: (Circle One) Married Divorced Widowed

Spouse Full Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

U.S. Citizen? (Circle One) Yes No

*IF YOU ARE PRESENTLY MARRIED, ASK YOUR LAWYER ABOUT YEAR'S SUPPORT.*

Have you ever been married previously? (Circle One) Yes No

Reason for termination of Marriage: (Circle One) Death Divorce

Do you have any continuing obligations under any settlement agreement, divorce decree, prenuptial (premarital) agreement or have you ever made any agreement with anyone regarding the terms of your Will or the inheritance of your property? (Circle One) Yes No *If so, it would be very helpful for you to provide a copy of any settlement agreement, final decree, prenuptial agreement.*

Do you have any living children?: (Circle One) Yes No

If yes, please list their names, address and ages below. *(Attach additional sheet if necessary)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_

Does anyone other than you or your spouse have legal custody (including joint custody) of any minor child of yours? (Circle One) Yes No

Name of Child: \_\_\_\_\_ Name of Custodian: \_\_\_\_\_  
Address of Custodian: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Name of Custodian: \_\_\_\_\_  
Address of Custodian: \_\_\_\_\_

*PLEASE NOTE: If any child or grandchild of yours was born out of wedlock (at a time when the you were not married to the child's other parent), your Will should state whether you want any such children to inherit or receive a share of your property in the same manner as children born within a marriage. The failure to address this issue can lead to expensive lawsuits regarding your estate. The same applies for any grandchildren born to unmarried children of yours. Please let us know when we meet if there are any such out of wedlock children.*

If your spouse (or the other parent of your children) does not survive you, who should be named as guardian to care for the children until they reach age 18?

*Note: Georgia law provides that upon the death of a parent with custody of a minor child, the child's other parent, if living, automatically becomes the child's legal guardian. The deceased parent does not have the right to name someone other than the surviving parent without the consent of the surviving parent, unless the surviving parent's parental rights have been terminated.*

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
Address: \_\_\_\_\_

Do you have living parents? If so, please list their names and addresses.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Do you have living siblings? If so, please list their names and addresses.  
(Attach additional sheet if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you think any family member might object to your Will? If so, please indicate who and why. *ASK YOUR ATTORNEY ABOUT A NO CONTEST CLAUSE*

Name: \_\_\_\_\_

Why: \_\_\_\_\_  
\_\_\_\_\_

**HOUSE AND LAND**

Do you own land or a home (real estate)? (Circle One) Yes No

Property Address: \_\_\_\_\_

Is this property owned jointly with anyone? If so, please indicate that person's name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a mortgage? (Circle One) Yes No

Do you have mortgage life insurance? (Circle One) Yes No

**INSURANCE & FINANCE**

Do you own life insurance? (Circle One) Yes No

If yes, please list the company, policy number, amount of benefit and beneficiary for each policy:

Company Name: \_\_\_\_\_

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

Beneficiary: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Do you have any bank accounts? (Circle One) Checking Savings

Are your checking and saving accounts yours alone, or are they joint accounts? (Circle One) Alone Joint

If joint, with whom?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any IRA accounts? (Circle One)      Yes    No

Do you have a safety deposit box? (Circle One)      Yes    No

If yes, please give the location: \_\_\_\_\_

Does anyone else have access to your safety deposit box? (Circle One) Yes    No

If yes, who?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Debts**

Does anyone owe you money? (Circle One) Yes    No    If yes, list who:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you owe anyone (other than on credit cards) money? (Circle One) Yes    No

If yes, list who:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**BEQUESTS**

Who do you want to receive your real property ( i.e. land and/or home)?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Who do you want to receive your personal property (i.e. jewelry, furniture, etc.)?

*(Attach separate list if necessary)*

Item	Person to get this item
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Any remaining (miscellaneous) property is considered the “rest, residue and remainder” of your estate. Who do you want this property to go to?

*(Attach separate list if necessary)*

Name	Percentage
-----	-----
-----	-----
-----	-----
-----	-----
	Total = 100%

Do you want these bequests to go to your beneficiaries immediately or only if the beneficiaries survive you by \_\_\_30, \_\_\_90 or \_\_\_180 days. If you choose 30, 90 or 180 days and the person dies within that time period, then the property you left to him/her goes back to your estate. If you do not specify a survival period, then that property would go to the beneficiary's estate if that beneficiary should die shortly after you do.

Do you want your **estate** to pay any and all debts secured by your property (such as a mortgage) or do you want your property to pass to the **beneficiary** subject to the secured debt (the person would be responsible for the debt)?

(Circle One)      Estate      Beneficiary

**EXECUTOR**

**Executor:** This is the person who will carry out the instructions in your Will.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Address: \_\_\_\_\_

**Successor Executor:** This is the person who will carry out the instructions in your Will in the event that your Executor cannot handle the responsibility.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Address: \_\_\_\_\_

**TRUST**

Do you want to set up a trust for the property you are leaving to any person who might be a minor or for an adult who is not able to handle the property responsibly?

If so, for which person(s)?

Name: \_\_\_\_\_ (Circle One) Adult    Minor  
 Name: \_\_\_\_\_ (Circle One) Adult    Minor

If person is a minor, how old do you want the person to be before the trust ends? \_\_\_\_\_ (If you do not specify, it will be at age 21).

**Trustee:** This is the person who will carry out the instructions in your trust, and may or may not be the same person as your Executor. The Trustee may be the same person as the guardian of any minor children, but may also be someone other than the guardian.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

**Successor Trustee:** This is the person who will carry out the instructions in your Trust in the event that your Trustee cannot handle the responsibility.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

### **BURIAL AND CREMATION**

Do you have special requests regarding your funeral or Memorial Service?  
(Circle One)      Yes   No

Burial (Circle One)   Yes   No    If yes, where? \_\_\_\_\_

Cremation (Circle One)   Yes   No    Ashes Scattered (Circle One)   Yes   No

If yes, by whom and Where \_\_\_\_\_

### **ADVANCE DIRECTIVES**

**Living Will:** This tells your family and your doctors whether you want your life to be prolonged by artificial life support if you have a terminal condition or are in a coma or “persistent vegetative state” and not expected to recover. This document does not apply to any situation where you are conscious and able to communicate. Your doctor and another doctor who does not provide care for you would both have to agree in writing that your condition was terminal and that you met the conditions you specified in this document. The document is specifically for life-prolonging medical intervention; you would still, even unconscious, have pain medication or other compassionate care.

(Circle One)                      Yes                      No                      Already Have

**Durable Medical Power of Attorney:** This allows you to name a person to speak for you regarding medical decisions in situations where you are unable (permanently or temporarily) to speak for yourself. This should be a person who knows you well enough to know what you would want done and whom you trust totally to make life and death decisions on your behalf. In situations covered by your Living Will, your wishes must be carried out; this document only applies to other medical decisions. This document also nominates your agent to be your guardian in the event you become unable to make decisions and gives your agent "ownership" of your body after your death, giving him or her the right to make decisions regarding disposition of the body and autopsy.

(Circle One)                      Yes                      No                      Already Have

If yes, you will need to name both a primary agent and a back-up agent.

Primary Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Back - Up Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Financial Power of Attorney:** This document allows you to name a person who will have the power to handle your money and business affairs for your benefit while you are still alive. This does not interfere with your own rights when you are able to handle your business yourself. This should be someone you TOTALLY trust because this document gives very broad powers to the person you appoint.

(Circle One)                      Yes                      No                      Already Have

Primary Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Backup Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

Do you want your agent to have your power of attorney now (without your being disabled) or only if and when you are unable to manage your own affairs?

*If your power of attorney is effective now, it will be easier for your agent to manage your affairs when needed, because the agent will not have to prove your disability when dealing with*



