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**ESTATE PLANNING
 PERSONAL AND FINANCIAL QUESTIONNAIRE**

Personal Information:

Date:					
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Your Name (First, Middle, Last)				Date of Birth:	
Spouse's Name (First, Middle, Last):				Date of Birth:	
Citizenship:				Spouse's Citizenship:	
Home Address:(Number, Street, City, County, State & Zip)				Religion:	
Email Address:				Spouse's Email Address:	
Cell Phone Number:				Spouse's Cell Phone Number:	
Work Phone Number:				Spouse's Work Phone Number:	
Home Phone Number:				Fax Number:	
Your Occupation:				Spouse's Occupation:	
Do you have a Will or Trust now <input type="checkbox"/> Yes <input type="checkbox"/> No				Does your spouse have a Will or Trust now <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition of bodily remains: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated Services Instructions:				Disposition of bodily remains: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated Services Instructions:	

Living Children:

<u>Name (First, Middle, Last)</u>	<u>Sex</u>	<u>Age</u>	<u>Adopted</u>	<u>Married?</u>	<u>Address</u>	<u>Date of Birth</u>

Deceased Children:

<u>FULL NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>	<u>DATE OF DEATH</u>

Grandchildren:

<u>FULL NAME</u>	<u>PARENT/RESIDENCE</u>	<u>SEX</u>	<u>AGE</u>	<u>MARRIED?</u>	<u>DATE OF BIRTH</u>

Other Dependents:

<u>FULL NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>

If you are separated or divorced from the father or mother of the above children, please state:

Former Spouses Name:	
Has the divorce been granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, the date it was granted.	
Are the questions of alimony, division of property, child support and child custody still open?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much each month.	
Do you have a divorce decree affecting your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.

Questions to consider in advance of estate planning conference:

1. Are you expecting to receive property or money from:	<input type="checkbox"/> Gift <input type="checkbox"/> Lawsuit <input type="checkbox"/> Inheritance <input type="checkbox"/> Other
2. If so, approximately how much?	
3. Is your spouse expecting to receive property or money from:	<input type="checkbox"/> Gift <input type="checkbox"/> Lawsuit <input type="checkbox"/> Inheritance <input type="checkbox"/> Other
4. If so, approximately how much?	
5. Are you or your spouse the life beneficiary of any trust which will pass to others at your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the estimated value of the trust and who set up the trust?
6. In which state do you vote?	
7. Which state issued your driver's license?	
8. In which state is your car registered?	
9. In which state(s) do you own real estate?	
10. Do you pay state income tax? If yes to which state?	
11. In which state do you plan to retire/live permanently?	
12. Have you ever lived in a Community Property State? (AZ, CA, ID, LA, NM, TX, WA, WI & PR)	
13. Do you have a pre-nuptial or post-nuptial agreement?	
14. Do your children (or grandchildren) have any problems or handicaps which should be considered in devising your estate plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain....
15. Do you have the responsibility for the support of any person other than your spouse and children?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain....
16. Are there any items of personal	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list each item and each corresponding recipient.

property (jewelry, silver, artwork, etc.) with emotional significance that you want a specific friend or family member to have upon your death?	
17. Do you wish to make any gifts or contributions of property or money to any friends, relatives, churches, or charities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate to whom and type or amount of gift.
18. Do you wish to leave your property to your spouse (and alternatively your offspring) upon your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list who you would like to leave your property to.
19. If you have children, at what age do you want them to inherit your estate? [For example 1/3 at 25, 1/3 at 30, and 1/3 at 35	
20. If you, your spouse, and all descendants were killed in a common disaster, whom would you want to have your property? (Have your spouse answer this question separately if applicable).	
21. Spouses Answer to above question	
22. Describe any special problems that you foresee within your estate.	
23. Does anyone owe you money?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
24. If a child dies, do you want....	<input type="checkbox"/> that child's share to go to that child's children, your grandchildren, (Per stirpes) <input type="checkbox"/> or do you want that child's share to be divided among only your living children (Per Capita), with nothing to a grandchild whose parent died.
25. Do you want to ensure that your children from a previous marriage receive a share of your estate?	You: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there any relatives that you specifically do not want to receive anything from your estate?	

Guardianship of Minor Children: In the event your spouse does not survive you, whom would you name as guardian and successor guardian of your minor children?

GUARDIAN (You)		
	NAME	ADDRESS (City and State)
1 st Guardian		
2 nd Guardian		
3 rd Guardian		

GUARDIAN (Spouse)		
	NAME	ADDRESS (City and State)
1 st Guardian		
2 nd Guardian		
3 rd Guardian		

Personal Representative/Executor: *Manages the probate and settlement of your estate. This can be your spouse, adult children, trusted friends, and/or a corporate fiduciary.*

PERSONAL REPRESENTATIVE/EXECUTOR (You)		
	NAME (First, Middle, Last)	ADDRESS
1 st Executor		
2 nd Executor		
3 rd Executor		

PERSONAL REPRESENTATIVE/EXECUTOR (Spouse)		
	NAME (First, Middle, Last)	ADDRESS
1 st Executor		
2 nd Executor		
3 rd Executor		

Trustee: *Manages the administration and investments in your trust. It should be someone with financial responsibility and experience. If you are creating a trust of which your spouse is to be both the beneficiary and trustee (e.g. tax saving Credit Shelter Trust (B Trust) you may want to consider naming a co-trustee to make discretionary decisions.*

TRUSTEE (You)		
	NAME (First, Middle, Last)	ADDRESS
1 st Trustee		
2 nd Trustee		
3 rd Trustee		

TRUSTEE (Spouse)		
	NAME (First, Middle, Last)	ADDRESS
1 st Trustee		
2 nd Trustee		
3 rd Trustee		

Financial Power of Attorney: *The Financial Power of Attorney is either a general or a springing power of attorney, depending upon which choice you make in Section 16. General power means that it is effective immediately upon your signature and springing power of attorney means that it only springs into authority upon your becoming incapacitated and being certified as incapacitated by your*

physicians. This allows the attorney-in-fact to begin handling the financial affairs of the disabled party.

FINANCIAL POWER OF ATTORNEY (You)		
	NAME (First, MI, Last)	ADDRESS (#, Street, City, State, Zip)
1 st Agent		
2 nd Agent		
3 rd Agent		

FINANCIAL POWER OF ATTORNEY (Spouse)		
	NAME (First, MI, Last)	ADDRESS (#, Street, City, State, Zip)
1 st Agent		
2 nd Agent		
3 rd Agent		

Advance Directive for Healthcare: The Advance Directive for Health Care performs two (2) functions in Georgia. It names a health care agent to make health care decisions for you should you be incapable of making them for yourself. Also, the document allows you to choose the level of extraordinary care you wish to receive in a life sustaining or death delaying situation.

ADVANCED DIRECTIVE FOR HEALTHCARE (You)				
	NAME (First, MI, Last)	ADDRESS (#, Street, City, State, Zip)	HOME #	WORK #
1 st Agent				
2 nd Agent				
3 rd Agent				

ADVANCED DIRECTIVE FOR HEALTHCARE (Spouse)				
	NAME (First, MI, Last)	ADDRESS (#, Street, City, State, Zip)	HOME #	WORK #
1 st Agent				
2 nd Agent				
3 rd Agent				

Financial Information:

1. Do you own a home or any other real estate? Indicate which your residence/homestead is.

Description & Location	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Purchase Price	Market Value	Mortgage

2. Do you have any checking accounts?

Name of Bank	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Approx. Balance

3. Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Approx. Balance

4. Do you own any stocks, bonds, mutual funds or brokerage accounts (including company stock)?

Name of Security	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Purchase Price	Current Value

5. Do you have any profit sharing, IRA's or pension plans?

Description/Location	Beneficiary	Current Value

6. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit

7. Do you have any special items of values such as coin collections, antiques, jewelry, etc.?

Description	Approximate Value

8. Do you own any other titled property? (boat, trailer, etc)

Description & Location	Titled in whose name. (Indicated if Joint or Beneficiary and name)	Market Value	Less Mortgage	Equity

9. Do you have any debts than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Approximate Owed

10. Total Value of everything you (and your spouse) own (add totals of boxes 1 thru 8 above).....
\$ _____

11. Total amount you (and your spouse) owe (total of box #9) above
\$ _____

12. Subtract Line 10 from Line 11.
Total Net Estate Value.....
\$ _____

Client Signatures:
