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ESTATE PLANNING INFORMATION SHEET

YOUR FULL NAME: _____
SOCIAL SECURITY: _____ DOB: _____
WORK PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

SPOUSE'S FULL NAME: _____
SOCIAL SECURITY: _____ DOB: _____
WORK PHONE: _____ CELL PHONE: _____
E-MAIL ADDRESS: _____

HOME PHONE: _____

HOME ADDRESS: _____
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

BUSINESS ADDRESS: _____
(STREET) (P.O. BOX) (CITY) (STATE) (ZIP)

NAMES AND DATES OF BIRTH OF ALL CHILDREN BORN TO EITHER OF YOU:

NAME:	D.O.B.:	NAME:	D.O.B.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(PLEASE CIRCLE THE NAMES OF ANY CHILDREN WHO WERE NOT BORN TO BOTH YOU AND YOUR SPOUSE.)

DOES ANY MEMBER OF YOUR FAMILY RECEIVE MEDICAID (OR OTHER GOVERNMENT BENEFITS) OR HAVE SPECIAL NEEDS THAT MAY ENTITLE HIM OR HER TO SUCH BENEFITS? _____

HAVE YOU OR YOUR SPOUSE EVER BEEN DIVORCED? _____
IF SO, DO YOU HAVE A COPY OF THE DIVORCE DECREE? _____

DO YOU HAVE A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT? _____

ARE YOU AND YOUR SPOUSE U.S. CITIZENS? YOU _____ YOUR SPOUSE _____

DO YOU AND YOUR SPOUSE PRESENTLY HAVE:	YOU	YOUR SPOUSE
WILLS?	_____	_____
REVOCABLE TRUSTS?	_____	_____
IRREVOCABLE TRUSTS?	_____	_____
FINANCIAL POWERS OF ATTORNEY?	_____	_____
ADVANCE DIRECTIVES FOR HEALTH CARE?	_____	_____
DURABLE POWERS OF ATTORNEY FOR HEALTH CARE OR LIVING WILLS?	_____	_____

GIFT TAX RETURNS PREVIOUSLY FILED? _____
ESTATE TAX RETURNS FOR DECEASED SPOUSE? _____

ACCOUNTANT: _____
LIFE INSURANCE AGENT: _____
FINANCIAL PLANNER/INVESTMENT ADVISOR: _____

ESTATE

WHAT DOES YOUR ESTATE CONSIST OF?

OWNER (H/W/JT):

RESIDENCE
 (\$ _____, LESS MORTGAGE OF \$ _____) \$ _____

OTHER REAL ESTATE
 (\$ _____, LESS MORTGAGE(S) OF \$ _____) \$ _____

BUSINESS OWNERSHIP \$ _____
 (Do you own stock in any S corporations? _____)
 (Do you have any buy-sell agreements? _____)

STOCKS, MUTUAL FUNDS, BONDS \$ _____

LIMITED PARTNERSHIPS \$ _____

CASH, CD'S \$ _____

IRA (YOU/SPOUSE) \$ _____ / _____

PENSION, PROFIT SHARING, 401(k) PLANS (YOU/SPOUSE) \$ _____ / _____

DEBTS OWED TO YOU \$ _____

DEBTS OWED BY YOU \$ _____

COLLECTIBLES (ARTWORK, ANTIQUES, ETC.) \$ _____

AUTOMOBILES, BOATS \$ _____

PERSONAL PROPERTY (HOUSEHOLD CONTENTS, JEWELRY, ETC.) \$ _____

LIST POLICIES OF INSURANCE ON YOUR LIVES AS FOLLOWS:

COMPANY	FACE AMOUNT	OWNER	BENEFICIARY
ON YOU:			
ON YOUR SPOUSE:			

IS IT LIKELY YOU OR YOUR SPOUSE WILL INHERIT A SIGNIFICANT AMOUNT FROM OTHERS? _____
 IF SO, IN WHAT ESTIMATED DOLLAR AMOUNT? \$ _____
 FROM WHOM? _____

ARE YOU OR YOUR SPOUSE THE LIFE BENEFICIARY OF ANY TRUST WHICH WILL PASS TO OTHERS AT YOUR DEATH? _____ IF SO, WHAT IS THE ESTIMATED VALUE OF THE TRUST? \$ _____
 WHO SET UP THE TRUST: _____

PROPERTY DISPOSITION

BRIEFLY DESCRIBE THE MANNER IN WHICH YOU WISH TO DISPOSE OF YOUR PROPERTY:

IF YOUR SPOUSE DOES NOT SURVIVE YOU? _____

NAME ANY SPECIFIC REQUESTS OF NAMED ITEMS OR ARTICLES TO NAMED PERSONS, PARTIES OR CHARITIES YOU MIGHT WISH TO MAKE:

IF YOU HAVE CHILDREN, AT WHAT AGE OR AGES WOULD YOU WANT THEM TO INHERIT THEIR SHARE OF YOUR ESTATE? (Example: 1/3 at ages 25, 30 and 35):

GUARDIANS

WHO DO YOU WISH TO SERVE AS GUARDIAN OF ANY MINOR CHILD WHO MAY SURVIVE YOU IN THE EVENT THAT BOTH YOU AND YOUR SPOUSE DIE LEAVING MINOR CHILDREN?

FIRST CHOICE: _____
ALTERNATE #1: _____
ALTERNATE #2: _____

EXECUTORS

THE EXECUTOR IS RESPONSIBLE FOR THE INITIAL ADMINISTRATION OF THE ESTATE. WHO DO YOU WISH TO SERVE AS THE EXECUTOR? IN ADDITION TO YOUR SPOUSE, YOU MIGHT WANT TO CONSIDER A TRUSTED RELATIVE, FRIEND OR ADVISOR OR A BANK OR TRUST COMPANY.

FIRST CHOICE: SPOUSE? _____ SOMEONE ELSE? WHO? _____
ALTERNATE #1: _____
ALTERNATE #2: _____

TRUSTEES

THE TRUSTEES ARE RESPONSIBLE FOR THE ONGOING ADMINISTRATION OF ANY TRUSTS THAT YOU CREATE, INCLUDING TRUSTS CREATED UNDER YOUR WILL. WHO DO YOU WISH TO SERVE AS THE TRUSTEES? IN ADDITION TO YOUR SPOUSE, YOU MIGHT WANT TO CONSIDER A TRUSTED RELATIVE, FRIEND OR ADVISOR OR A BANK OR TRUST COMPANY. (IF THE SURVIVING SPOUSE IS GOING TO BE A TRUSTEE, AND IF YOU HAVE MINOR CHILDREN, IT IS RECOMMENDED THAT YOU NAME A CO-TRUSTEE TO SERVE WITH THE SPOUSE.)

FIRST CHOICE: SPOUSE? _____ SOMEONE ELSE? WHO? _____
CO-TRUSTEE TO SERVE WITH SPOUSE: _____
ALTERNATE #1: _____
ALTERNATE #2: _____

FINANCIAL POWER OF ATTORNEY

IF YOU ARE UNABLE TO HANDLE YOUR FINANCIAL AFFAIRS OR OTHER PROPERTY MATTERS DUE TO PHYSICAL OR MENTAL DISABILITY, WHO IS YOUR CHOICE TO HANDLE THEM FOR YOU?

FIRST CHOICE: SPOUSE? _____ SOMEONE ELSE? WHO? _____
ALTERNATE: _____

HEALTH CARE AND LIFE SUPPORT

IF YOU ARE UNABLE TO MAKE HEALTH CARE DECISIONS FOR YOURSELF DUE TO PHYSICAL OR MENTAL DISABILITY, WHO IS YOUR CHOICE TO MAKE THOSE DECISIONS FOR YOU AS YOUR AGENT?

FIRST CHOICE: SPOUSE? _____ SOMEONE ELSE? WHO? _____
ADDRESS: _____
PHONE: HOME _____ WORK _____ MOBILE _____
ALTERNATE #1: _____
ADDRESS: _____
PHONE: HOME _____ WORK _____ MOBILE _____
ALTERNATE #2: _____
ADDRESS: _____
PHONE: HOME _____ WORK _____ MOBILE _____

MISCELLANEOUS

PROVIDE BELOW ANY OTHER INFORMATION YOU DEEM PERTINENT TO THE PREPARATION OF YOUR DOCUMENTS:
