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Please use full legal names. This is to be used by us as a starting point to give you a proposal.
What are your legal name(s)? _____

What are your birth date(s)? _____

If you have children, what are their legal names (name oldest to youngest) and birth dates (please include year)?

Name(s):	Birth date(s):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What county do you live in (note this is COUNTY, not country)? _____

What is your address? _____

What are your email addresses? _____

What are your phone numbers? _____

Are you United States Citizen(s)? _____

Do you own any real estate outside of Georgia? _____

Do you have any ex-spouses? _____

Do you have any privacy issues? _____

What is your net worth (assets minus liabilities)? _____

How much life insurance do each of you hold? _____

_____

If something happens to one of you, do you want your spouse to inherit 100%? _____

If not, who should inherit? _____

If something happens to both of you, do you want 100% to pass equally to your children?

_____

If your children inherit, do you want the monies in trust? _____

If you want the monies in trust, at what ages do you want them distributed? (I recommend 55, 60, and 65 for ages of mandatory distribution although Trustee can distribute sooner.)

_____

If something happens to a child, then his or her share will pass to his or her children, if any, and if not to the surviving siblings. If you and your spouse pass and have no living children/grandchildren (lineal descendants) then do you want everything to pass 50% to each of your families (heirs-at-law)?

_____

If you have no spouse and you have no children, who shall inherit your assets? (legal name(s))

_____

Who shall act as Personal Representative (handling the probate of the estate – short term)? Spouse?

_____

Who shall act as alternate Personal Representative? Please use full legal name. (REQUIRED)

_____

Who shall act as Trustee (handling the investments and discretion of distribution of money to children assuming you are both gone? Please use full legal name.

_____

Who shall act as alternate Trustee? Please use full legal name.

_____

Who shall act as Guardian (assuming you have a child under 18)? Please use full legal name.

_____

Who shall act as alternate Guardian? Please use full legal name.

_____

Who shall make medical decisions for you if you cannot make them for yourself? Spouse? (legal name)

_____

Address of agent

_____

Phone number of agent

_____

Email of agent

_____

Who shall act as alternate(s) to make medical decisions for you? (legal name(s)) (REQUIRED)

_____

Address(es) of alternate(s)

_____

Phone number(s) of alternate(s)

_____

Email(s) of alternate(s)

_____

Who shall make financial decisions for you if you cannot make them for yourself? Spouse? (legal name)

_____

Who shall act as alternate(s) to make financial decisions for you? (legal name(s)) (REQUIRED)

_____

Address(es) of alternate(s)

_____

Phone number(s) of alternate(s)

_____

Email(s) of alternate(s)

_____

Do you wish to have a Psychiatric Advance Directive that will express your preferences and/or desires for mental health care treatment?

_____

Who do you wish to act as your Agent for mental health?

_____

Who do you wish to act as your Alternate Agent for mental health?

_____

Is there anyone you wish to treat you and/or any institutions you want to go to or any that you already go to? Are there any institutions you refuse to enter?

_____

_____

Are there any medications you cannot take?

_____