

THE POLLAN LAW FIRM
An Elder and Special Needs Law Practice

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**ESTATE PLANNING
 PERSONAL AND FINANCIAL QUESTIONNAIRE**

If you and you spouse will have different estate plans, then each must complete a separate questionnaire

PERSONAL INFORMATION

DATE: _____

| | | |
|---|---------------------------------|---|
| 1. Marital Status | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce |
| 2. Your Name (First, Middle, Last) | Soc. Sec. No. | Date of Birth |
| 3. Spouse's Name (First, Middle, Last) | Soc. Sec. No. | Date of Birth |
| 4. Home Address (Number, Street) | City | State Zip |
| 5. Mailing Address If Different From Above (Number, Street) | City | State Zip |
| 6. Home Phone () | Your Work Phone () | Spouse's Work Phone () |
| 7. Your Command/Employer | Your Rank/Grade | Your Occupation |
| 8. Spouse's Command/Employer | Spouses Rank/Grade | Spouse's Occupation |

| Circle or fill in your answers | You | Your Spouse |
|--|---|---|
| 1. Are you a U.S. citizen? | Yes No | Yes No |
| 2. Do you have a will or trust now? | Yes No | Yes No |
| 3. Are you expecting to receive property or money from (circle all that apply): If so, approximately how much? | Gift Inheritance Lawsuit - Other \$ | Gift Inheritance Lawsuit - Other \$ |
| 4. How many living children do you have? | | |
| 5. Are all your children legally yours (natural or legally adopted)? | Yes No | Yes No |
| 6. How many stepchildren do you have? | | |
| 7. In which state do you vote? | | |
| 8. Which state issued your driver's license ? | | |
| 9. In which state is your car registered? | | |

| | | |
|--|--------|--------|
| 10. In which state(s) do you own real estate? | | |
| 11. Do you pay state income tax? If yes to which state? | | |
| 12. In which state do you plan to retire/live permanently? | | |
| 13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR) | Yes No | Yes No |
| 14. Do you have a pre-nuptial or post-nuptial agreement?..... | Yes No | Yes No |
| 15. Do you have a divorce decree affecting your pension or other property rights?..... | Yes No | Yes No |
| If "yes" to questions 2, 14 or 15, you must bring these documents to your appointment | | |

FINANCIAL INFORMATION

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

| Description and Location | Titled in whose name Indicate if Joint or Beneficiary and name | Purchase Price | Market Value | Mortgage | Market Value - Mortgage Equity |
|--------------------------|---|----------------|--------------|----------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Net Value | | | | | |

2. Do you own any other titled property such as a car, boat, etc.?

| Description | Titled in whose name Indicate if Joint or Beneficiary and name | Market Value | Less Mortgage | Equity |
|-----------------|---|--------------|---------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Net Value | | | | |

3. Do you have any checking accounts?

| Name of Bank | Titled in whose name Indicate if Joint or Beneficiary and name | Approx. Balance |
|--------------|---|-----------------|
| | | |
| | | |
| | | |
| | | |
| Total Value | | |

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

| Name of Bank | Titled in whose name Indicate if Joint or Beneficiary and name | Approx. Balance |
|--------------|---|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|-------------|--|
| Total Value | |
|-------------|--|

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

| Number Shares | Name of Security | Titled in Whose Name Indicate if Joint or Beneficiary and name | Purchase Price | Current Value |
|---------------|------------------|---|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Value | | | | |

6. Do you have any profit sharing, IRAs or pension plans?

| Description/Location | Beneficiary | Current Value |
|----------------------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |
| Total Value | | |

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

| Name of Company | Insured | Policy Owner | 1 st Beneficiary | 2 nd Beneficiary | Death Benefit |
|-----------------|---------|--------------|-----------------------------|-----------------------------|---------------|
| SGLI | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Value | | | | | |

8. Does anyone owe you money?

| Description | Approx. Value | |
|-----------------|---------------|--|
| | | |
| | | |
| | | |
| | | |
| Total Net Value | | |

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

| Description | Approx. Value | |
|-----------------|---------------|--|
| | | |
| | | |
| | | |
| | | |
| Total Net Value | | |

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ _____

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

| Description | Amount Owned |
|-------------|--------------|
| | |
| | |
| | |
| | |
| Total Debt | |

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above) \$ _____

13. Total amount you (and your spouse) owe (total of line 11 above) \$ _____

14. Subtract line 13 from line 12.

TOTAL NET ESTATE VALUE

15. Do you have a safe deposit box (es)?

| Location | Titled in whose name |
|----------|----------------------|
| | |
| | |
| | |

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. 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.

For You

For Your Spouse

Name: _____

Name: _____

2. Successor Personal Representative: Back-up Manager-Steps in after your first personal representative dies/resigns; in the case of a living trust at your death or disability. This can be your adult children, trusted friends, and/or a corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

3. 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, a tax saving Credit Shelter Trust (B Trust) you **should** also name a co-trustee to make discretionary decisions.

For You

For Your Spouse

Name: _____

Name: _____

4. Successor Trustee (or Co Trustee): Back-up Manager-Steps in after your first Trustee dies/resigns. This can be your adult children, trusted friends, and/or a corporate fiduciary.

For You

For Your Spouse

1st Successor: Name: _____

Name: _____

Address: _____

Address: _____

2nd Successor: Name: _____

Name: _____

Address: _____

Address: _____

You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries:
 The Personal Representative should be bonded Yes No The Trustee should be bonded Yes No

5. Guardians For Minor Children: Responsible adult who will raise your children if something happens to you.

For You

For Your Spouse

#1 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#2 Choice: Name: _____

Name: _____

Address: _____

Address: _____

#3 Choice: Name: _____

Name: _____

Address: _____

Address: _____

BENEFICIARIES

1. Special Gifts To Organizations

Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

| Name of Organization | Description of Gift | Alternate Beneficiary |
|----------------------|---------------------|-----------------------|
| | | |
| | | |
| | | |

2. Special Gifts To Individuals

Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring to your daughter, gun collection to a son or nephew, etc.)

| Name of Person | Description of Gift or Amount | Alternate Beneficiary |
|----------------|-------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

3. Beneficiaries

Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage; however the percentages are easier, and must add to 100 per cent.

| Name of Person/Organization | Amount/Percentage | Alternate Beneficiary |
|-----------------------------|-------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

4. Inheriting Instructions

List your children

| Name | Address | Age | T=This Marriage P= PreviousMarriage | Married? Y or N | Number of Grandchildren |
|------|---------|-----|--|--------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. Do you want your children to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you chose (21, 25, 30, etc) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money.

6. If a child dies, do you want that child's share to go to that child's children, your grandchildren, (Per Stirpes) or do you want that child's share to be divided among *only* your other living children (Per Capita). , nothing to a grandchild whose parent died.

7. Do you want to ensure that your children from a previous marriage receive a share of your estate? **You** **Your Spouse**
 Yes No Yes No

8. List Dependents Who Require Special Care

Do you want to provide for "basic" care or luxuries and other extras to supplement government benefits? **Yes** **No**

9. Alternative Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

| Name of Person/Organization | Amount/Percentage |
|-----------------------------|-------------------|
| | |
| | |

10. Disinheriting

Are there any relatives that you specifically do not want to receive anything from your estate?

SPECIAL INSTRUCTIONS FOR INCOMPETENCY

1. Keeping/Selling Assets

If necessary to pay for your care, do you want certain assets sold first? Are there potential buyers you want contacted?

2. Medical Care

Do you want to be in (or avoid) a certain hospital/nursing home? _____

| | | |
|--|--|--|
| A Living Will makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will? | You <input type="checkbox"/> Yes <input type="checkbox"/> No | Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

Please answer the following for your Living Will:

| | You | Your Spouse |
|---|--|--|
| If you have a terminal condition, diagnosed by two (2) doctors, do you want | | |
| Your life artificially prolonged by machine? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nutrition and Hydration (Food and Water) by tube? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Transfusions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Organ Transplants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Upon your death, do you wish to donate your organs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For transplants | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|---|
| If you have a terminal condition, diagnosed by two (2) doctors, do you want | You | Your Spouse |
| For science or medical research | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to die at home rather than in a hospital or nursing home? | <input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home | <input type="checkbox"/> At home <input type="checkbox"/> Hosp / Nur Home |

A **Durable Power of Attorney For Health Care** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following:

For You

For Your Spouse

| | | |
|-------------|----------------|----------------|
| 1st Choice: | Name: _____ | Name: _____ |
| | Address: _____ | Address: _____ |
| 2nd Choice: | Name: _____ | Name: _____ |
| | Address: _____ | Address: _____ |

A **Durable General Power of Attorney** appoints an agent that can make any decision and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following

For You

For Your Spouse

| | | |
|-------------|----------------|----------------|
| 1st Choice: | Name: _____ | Name: _____ |
| | Address: _____ | Address: _____ |
| 2nd Choice: | Name: _____ | Name: _____ |
| | Address: _____ | Address: _____ |

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

2. If you have a cemetery lot, where is it located?

| | | |
|---------------|------|-------|
| Cemetery Name | City | State |
|---------------|------|-------|
