

Adair & Baker LLC: **Estate Planning Information Questionnaire**

The information requested below is essential in preparing your will or trust. If you need more space to answer a question, attach a separate sheet and indicate the question number to which it pertains. If both you and your spouse require estate planning documents, you will need to each fill out a separate questionnaire.

Basic Information

First Name

Middle Name

Last Name

Suffix (if any)

Maiden Name (if any)

Other Names Used

Age

Date of Birth

Sex

Contact Information

Current Street Address

City

County

State

ZIP

Home Telephone

Work Telephone

Mobile Telephone

Other Telephone

Personal Email Address

Spousal Information

First Name

Middle Name

Last Name

Suffix (if any)

Maiden Name (if any)

Other Names Used:

Children & Grandchildren

If you have children – including adopted children, state the Full Name, Sex, Date of Birth, and type of relationship for each child (biological, step-, adopted):

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Name and date of a deceased child or children. Include the Full Name, Son/Daughter, Date of Birth, and Date of Death:

--

Name all Grandchildren, whether children of your living or deceased child/children. Include the Full Name, Grandson/Granddaughter, Date of Birth, Parent's Full Name, and Date of Death (if applicable):

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Existing Prenuptial Agreements

Do you and your spouse have a Prenuptial Agreement which identifies and disposes of separate spousal property?

_____ Yes

_____ No

Existing Trusts or Made Gifts to Any Trust

Have you created any trusts or made gifts to any trust in the past?

_____ Yes

_____ No

Future Inheritance

Do you have a date on which you expect to have any inheritance distributed to you?

_____ Yes

_____ No

Asset Distribution

Please read the scenarios for distribution of your assets, and select the option that best fits your scenario. Each scenario includes a field for more information. Please use the field below to complete the option.

_____ Option A

I want my assets to pass to my spouse and children as follows:

- To Spouse, if surviving
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

Asset Distribution (continued)

_____ Option B

I am unmarried with children and want my assets to pass:

- In equal shares to my children
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

_____ Option C

None of the above. I want my assets to pass to:

Assets Held in Trust Until a Certain Age

Do you want assets held in Trust until Beneficiaries reach a certain age?

_____ Yes

_____ No

Note: Money and other assets can be distributed in different amounts at different ages. Use the fields below to specify the percentage of assets that will be distributed and at which ages.

Staging

Do you want assets held in Trust until Beneficiaries reach a certain age?

_____ In how many stages should money or other assets be distributed?

First Distribution %

First Distribution Age

Other Relevant Information

--

Second Distribution %

Second Distribution Age

Other Relevant Information

--

Third Distribution %

Third Distribution Age

Other Relevant Information

--

Fourth Distribution %

Fourth Distribution Age

Other Relevant Information

--

Fifth Distribution %

Fifth Distribution Age

Other Relevant Information

--



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Note: The person charged with administering your estate through your trust, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property is called a Trustee.

Trustee:

Who do you wish to name as your Trustee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

If the Trustee named above cannot or will not serve in that capacity, who do you wish to name as the successor Trustee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

If the first successor Trustee named above cannot or will not serve in that capacity, who do you wish to name as the second successor Trustee?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Do you want the Trustee to care for the beneficiary by distributing funds for the Health, Education, Maintenance, and Support (HEMS) of the beneficiary?

_____ Yes

_____ No

Specific Bequests

Many People make special provisions for family heirlooms, jewelry, or other items of special value to be distributed to friends or relatives. If you have such property and wish it left to a specific person, please complete the following.

NOTE: If you have chosen "Option A" or "Option B" under Asset Distribution, you have indicated by your selection the items described above will pass to your spouse and/or children. Fill in this section **ONLY** if you desire such items of specific value to be left to specific person(s).

If you would like to specify individual items for specific people, use the field below. State the item, any special identifying features, and the recipient's full legal name.

Guardianship/Conservatorship of Minors

If your children are under age eighteen (18), state the full name, address, and relationship (if any) of the person you wish to act as their guardian (custody) in the event of your death (in the case of a single parent) or in case of the joint death of you and your spouse (if married). You should obtain the consent of the person(s) before executing your Will.

NOTE: A guardian is a person lawfully invested with the power, and charged with the duty of taking care of the person who is incapable of doing so because of age or other incapacity.

Who do you wish to name as Guardians?

Full Legal Name _____
Full Street Address _____
City _____
State _____
County _____
ZIP Code _____
Telephone Number _____
Relationship (if any) _____

If the Guardian named above cannot or will not serve in that capacity, who do you wish to name as the successor Guardian?

Full Legal Name _____
Full Street Address _____
City _____
State _____
County _____
ZIP Code _____
Telephone Number _____

If the first successor Guardian named above cannot or will not serve in that capacity, who do you wish to name as the second successor Guardian?

Full Legal Name _____
Full Street Address _____
City _____
State _____
County _____
ZIP Code _____
Telephone Number _____

Stipends & Compensation:

If you want the Guardian to receive a stipend/compensation for taking on the responsibilities of guardian, payment, or reimbursement of expenses, please detail here: (ie, monthly, annually, COLA, salary reimbursement to stay at home, etc.).

Do you want the appointed Guardian to also be the Conservator of any assets inherited by the minor child/children?

_____ Yes

_____ No

Note: A Conservator is a person appointed to manage the financial affairs of one who is legally incapable of doing so because of age or other capacity.

Who do you wish to name as Conservator?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Relationship (if any)



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If the Conservator named above cannot or will not serve in that capacity, who do you wish to name as the successor Conservator?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

If the first successor Conservator named above cannot or will not serve in that capacity, who do you wish to name as the second successor Conservator?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Stipends & Compensation:

If you want the Conservator to receive a stipend/compensation for taking on the responsibilities of guardian, payment, or reimbursement of expenses, please detail here: (ie, monthly, annually, COLA, salary reimbursement to stay at home, etc.).

Personal Representative/Executor

Who do you wish to appoint as the Personal Representative/Executor to administer and carry out the terms of your Will? This person is charged with administering your estate, paying taxes and other debts, marshalling, preserving, managing and distributing estate assets and property.

NOTE: If you are creating a Living Trust, you do need to complete this section. There will also be a Will created to "catch" all assets that aren't in the Trust and leave those to the Trust. This is called a "Pour-Over Will".

Who do you wish to name as your primary personal representative/executor?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

Relationship (if any)

If the person or entity named above cannot or will not serve in that capacity, who do you wish to name as the successor personal representative/executor?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number

If the successor named above cannot or will not serve in that capacity, who do you wish to name as the second successor personal representative/executor?

Full Legal Name

Full Street Address

City

State

County

ZIP Code

Telephone Number



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Fiduciary Bond

Do you wish to waive the fiduciary bond requirement (usually they serve without bond)?

_____ Yes

_____ No

NOTE: A fiduciary bond is a type of surety bond required by the court to be filled by executors, guardians, etc., to ensure proper performance of duties.

Personal Messages

Please leave any personal messages you would like to be included in your Will here:



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