

ESTATE PLANNING INFORMATION

We ask you to complete this form, normally before your first estate-planning consultation with us, primarily: (a) to save you time during your consultation; (b) to make sure that we have accurate information concerning your assets, debts, and testamentary intentions; (c) to give you a chance before meeting with us to consider how you want your estate to be distributed after your death; and, (d) to document your understanding of your family and assets before you execute document in our office. So, please be as thorough as you can. All information provided or contained in this form is considered to be confidential and will be protected under the attorney-client privilege to the fullest extent of our abilities. Please provide all information requested. This information is requested solely to better assist you in your estate planning needs.

Full Legal Name: _____ Date of Birth: _____

Address: _____

County: _____ Gender: _____ City _____ State _____ Zip _____
 Email Address: _____

Social Security Number: _____ Religion: _____

Telephone Numbers: Home: () _____ Office: () _____

Employer: _____

Current Marital Status? (describe) _____ Single; _____ Divorced; _____ Separated
 _____ Traditionally-Married; _____ Domestic/Non-Traditional Partnership; _____ Other

Full name of current spouse/mate: _____
 (including non-marital mates)

Have you been married previously? _____ How many prior marriages? _____

Full name(s) of all prior spouse(s): _____

Are you presently separated or contemplating divorce or separation? _____

Were you adopted? _____ Are any of your family members adopted? _____

Have you ever executed: A will? _____ A living will? _____ A durable power of attorney
 for health care? _____ An advance health care directive? _____ A trust? _____;
 if so, where are the originals of these documents now? _____

Who presently hold a general (financial) power of attorney for you? _____

IF YOU ANSWERED "YES" TO ANY OF THE FOREGOING QUESTIONS, PLEASE PROVIDE US WITH A COPY OF ALL CURRENT WILLS, LIVING WILLS, DURABLE POWERS OF ATTORNEY FOR HEALTH CARE, TRUST AGREEMENTS, AND GENERAL POWERS OF ATTORNEY WHICH YOU HAVE EXECUTED.

CHILDREN AND RELATIVES

Please provide the full names, addresses, and ages of the following:

Children	<u>Other Parent</u>	<u>Sex and Age</u>	<u>Dependent?</u>
(Names)			(Y/N)

_____	_____	_____	_____
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Child	_____	_____	_____
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Address: _____

_____	_____	_____	_____
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Child	_____	_____	_____
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Address: _____

Child

Address:

Child

Address:

Other Dependents:

Name	Age	Sex	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Closest Living Relatives:

Please provide the full names, current addresses, and other information regarding your closest surviving relatives, if any. This should include at least parents, siblings, nieces, nephews, grandparents, aunts, and uncles:

Name	Age	Sex	Relationship
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Relative

Address:

Relative

Address:

Relative

Address:

Relative

Address:

Relative

Address:

Relative

Address:

Relative

Address:

Relative

Address:

Relative

Have any of your siblings died leaving children of their own? _____

Do you expect, or have reason to believe, that any of your relatives or any one else may contest your estate, or any estate related documents which you have executed? If so, please identify such persons and explain the circumstances below:

If you are separated or divorced, please provide the following information:

(a) Has your divorce been granted? _____ When? _____

In what court/jurisdiction? _____

(b) Alimony being paid by you: _____

(c) Child support being paid by you: _____

(d) Other important facts/comments regarding such divorce: _____

(e) Are you prohibited by any divorce decree from transferring any property or from changing beneficiaries on any life insurance policy? _____

Are any of your children adopted? _____

Are any of your children disabled or handicapped? _____

ASSETS AND LIABILITIES

Please provide the best available estimates as to each item or value. Providing us with the best possible information regarding you and your spouse or mate will help us to determine your needs more fully. If you cannot provide us with all of the information requested please provide us with as much information as you can.

ASSETS: (Approximate Value)

	Your Own	Spouse/Mate	Joint
Cash	_____	_____	_____
Stock Value	_____	_____	_____
Bonds/Notes	_____	_____	_____
Personal Residence	_____	_____	_____
Other Real Estate	_____	_____	_____
Life Insurance Payable to Your Estate	_____	_____	_____
Life Insurance Payable to Individuals	_____	_____	_____
Employee Benefits	_____	_____	_____
Other Assets	_____	_____	_____

TOTALS _____

Real Estate: (Details: Location, Approximate Value, and Title)

Parcel #1: _____

Value: _____

Titled: (Name or Names) _____

Is this property titled as "joint tenants with rights of survivorship" or as "tenancy by the entirety"? _____

Parcel #2: _____

Value: _____

Titled: (Name or Names) _____

Is this property titled as "joint tenants with rights of survivorship" or as "tenancy by the entirety"? _____

Parcel #3: _____

Value: _____

Titled: (Name or Names) _____

Is this property titled as "joint tenants with rights of survivorship" or as "tenancy by the entirety"? _____

Parcel #4: _____

Value: _____

Titled: (Name or Names) _____

Is this property titled as "joint tenants with rights of survivorship" or as "tenancy by the entirety"? _____

Accounts:

Checking Accounts: Bank _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Bank _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Savings Accounts: Bank _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Bank _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Investment Accounts: Institution _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Institution _____ Account #: _____

Name(s) on Account: _____

Other Signatories: _____

Life Insurance Policies: (Please list all policies)

Company: _____ Amount: _____

Beneficiary(ies): _____

Company: _____ Amount: _____

Beneficiary(ies): _____

Company: _____ Amount: _____

Beneficiary(ies): _____

Company: _____ Amount: _____

Beneficiary(ies): _____

Are there any circumstances which lead you to believe that any insurance policy which you hold might be contested, or by which the insurance company may refuse to honor a claim on such policy(ies)? If so, please identify this policy/these policies and explain the circumstances as you understand them?

Motor Vehicles:

Make & Model: _____ Approx. Value: _____

Titled in whose name(s)? _____

Make & Model: _____ Approx. Value: _____

Titled in whose name(s)? _____

Other Property:

What other significant personal or real properties do you own in your own name?

What other properties do you own jointly with any other person?

Have you inherited, or will you likely inherit, properties from any other person? _____ From whom? _____

Please estimate the gross value of everything you own, and all the value of all life insurance policies which you hold, without regard to any debts which you may have:

LIABILITIES: (Approximate Value)

	<u>Your Own:</u>	<u>Spouse/Mate:</u>	<u>Joint:</u>
Real Estate Loans	_____	_____	_____
Car Loans	_____	_____	_____
Other Loans & Notes to:			
Banks	_____	_____	_____
Insurance Companies	_____	_____	_____
Stock Accounts	_____	_____	_____
Charitable Pledges	_____	_____	_____
Credit Accounts Balances	_____	_____	_____
Tax Liens	_____	_____	_____
Other Unpaid Taxes	_____	_____	_____
Judgments	_____	_____	_____
Guaranties	_____	_____	_____
Other Liabilities	_____	_____	_____
TOTALS	_____	_____	_____

Have you been involved in an accident or any incident in connection with which any sort of liability or claim has been made or likely will be made against you? _____ If so, please describe in detail: _____

Do you have credit life insurance protection on any credit or other accounts? _____

If so, please describe: _____

Who are the primary and secondary beneficiaries on such credit life insurance policies?

Guardians For your dependents/children: _____

EXECUTORS/EXECUTRICES (Please give at least three names, if possible)(give addresses as well, or at least City & State)

(1st) _____

(2nd) _____

(3rd) _____

TRUSTEES (if other than your executor/executrix) (Please give at least three names, if possible)(give addresses, or City/State)

(1st) _____

(2nd) _____

(3rd) _____

AGENTS FOR HEALTHCARE DIRECTIVE (To make medical decisions for you if you are unable to do so yourself, and to make funeral and burial decisions)(give addresses or City/State)

(1st) _____

(2nd) _____

(3rd) _____

FUNERAL ARRANGEMENTS

You may designate in your will any particular funeral arrangements which you desire to make, such as: type and location of services; cremation; music to be played or hymns to sung at your funeral; wakes or celebrations to be held; etc. These instructions should also be communicated directly to your intended executor/executrix since your will itself may not be read or considered until some time after your death. You should also consider executing an Advance Healthcare Directive in those regards.

DIRECTIONS

OTHER CONSIDERATIONS

Have you reviewed and/or discussed your intentions as contemplated herein with your spouse/mate? _____

Have you reviewed and/or discussed such intentions with the rest of your family? _____

Would you like us to discuss with you the execution of an Advance Healthcare Directive, including provisions pertaining to the cessation of heroic means or artificial life support systems following illness or injury? _____

Have you ever executed one before? _____

Would you like us to discuss with you the execution of one or more general powers of attorney to govern your financial affairs particularly while you are unable to do so because of sickness or accident? _____

Have you ever executed one before? _____

Would you like us to discuss with you the execution of an advance healthcare directive to govern your medical care (and funeral/burial decisions) while you are unable to do so because of sickness or accident? _____ Have you ever executed one before? _____

Are there other legal or estate-related concerns which you wish to discuss with your attorney? _____ If so, please describe: _____

Do you have an accountant or financial adviser? _____ Please identify: _____

CERTIFICATION

The undersigned hereby certifies that the foregoing information is true and correct according to the best of his/her personal knowledge.

Signature

Date

NOTES TO PROSPECTIVE CLIENT(S): Please be as thorough as possible in completing the foregoing information. The more information you give, the better we will be able to make recommendations to you about the type of estate planning devices you might need. Please also bring with you to your first consultation in our offices a copy of all wills, trusts, living wills, durable powers of attorney for health care, and general powers of attorney which you have previously executed. If you want us to assist you in preparing a deed of one form or another, please bring us a copy of your existing deed and/or property description.

ATTORNEY'S NOTES AND COMMENTS:

McCRARY LAW, PC

Attorneys At Law
 275 14th Street, N.W., Suite 200
 Atlanta, Georgia 30318-9100
 (404) 873-5162

Effective 11/1/19

**SCHEDULE OF ESTIMATED FEES
 FOR ESTATE PLANNING SERVICES**

WILLS:

Estate planning consultation-only.	\$350.00
"Simple" Wills: Designation of testator(trix), specific and residual beneficiaries, executors, & trustees <u>only</u> (costs may varies depending upon complexity of particular bequests).	\$600.00
"Simple" Testamentary Trusts: Or \$100.00 when in conjunction with other testamentary trusts (subject to change depending upon complexity of trust arrangements)	\$125.00
Additional charges for revisions: Rough draft, one revision, preparation and execution of final documents Additional revisions and drafts, hourly rate @	No Add'l Charge \$350.00
Basic Codicils: (Fixed rate if we prepared the original will, otherwise an hourly rate of \$350.00 will apply)	\$350.00

INTER VIVOS ("Living") TRUSTS: Including life insurance trusts \$1,000.00

ADVANCE HEALTHCARE DIRECTIVE: \$350.00
 Or \$175.00 when prepared in conjunction with another instrument

GENERAL POWER OF ATTORNEY:
 Basic form general power of attorney \$350.00
 Or \$175.00 when prepared in conjunction with another instrument

HOME OR HOSPITAL EXECUTION: Within Fulton, Dekalb, or Cobb Counties (else an
hourly rate of \$350.00 applies); you must provide witnesses \$350.00

FULL PACKAGE: "Simple" will (no trusts or additional revisions), general power
 of attorney & advance healthcare directive, office consultation and execution \$1,000.00

ADDITIONAL SERVICES:
 Deeds, including "survivorship" deeds, not including filing fees, taxes, or related expenses \$350.00
 (not including title investigation, if required), or \$175.00 when prepared in conjunction with
 another instrument.
 Real Estate or Domestic Partnership Agreements, depending upon complexity \$1,000.00

Re-execution of documents: We consider our services to you fulfilled when the final documents have been signed. Accordingly, if you make changes to your documents after they have been executed, we reserve the right to charge a full fee or hourly charges for subsequent revisions to those documents.

THESE ARE ESTIMATES ONLY: A fixed fee for your particular documents will be quoted upon receipt and review of an estate planning questionnaire. Actual fees may be more or less than the fees shown above. Initial consultation will be \$350.00 if you do NOT to proceed with documents prepared by our firm; else the initial consultation is free if you hire our firm to do your work.

DEPOSIT: The full fee will be due at the time of the initial consultation. Any unpaid balance, if any, including costs and expenses (e.g. long distance, postage, parking, photocopying, etc.) is due upon earlier of execution or thirty (30) days from delivery of first drafts to you.

IF YOU FAIL TO EXECUTE DOCUMENTS PREPARED FOR YOU WITHIN NINETY (90) DAYS FROM THE DATE WHEN THE ORIGINAL DRAFTS ARE DELIVERED TO YOU, THROUGH NO FAULT OF OUR OWN, THEN WE RESERVE THE RIGHT TO CHARGE YOU ADDITIONAL FEES AT OUR THEN-CURRENT RATES. OTHER LEGAL SERVICES AND CONSULTATIONS PROVIDED AT A RATE OF \$300.00 PER HOUR, UNLESS OTHERWISE AGREED IN WRITING. ALL PRICES SUBJECT TO CHANGE DEPENDING UPON DOCUMENT COMPLEXITY. ALL ACCOUNTS ACCRUE INTEREST AT 1 1/2 % PER MONTH FOLLOWING THE EARLIER OF DOCUMENT EXECUTION OR THIRTY (30) DAYS FROM BILLING DATE. EXPENSES CHARGED SEPARATELY. ADDITIONAL FEES MAY APPLY IF THIRD-PARTY SERVICES ARE RENDERED, e.g. for tax services, location of heirs, etc.