

ESTATE PLANNING INFORMATION

Hello! All estate planning work through our office begins with a consultation. Given complexities caused the COVID-19 pandemic, we generally do not do in-person consultations. Our initial consultations are generally by video (e.g. Zoom) or phone conference. At the conclusion of your consultation, if you decide that you do not need any new documents, then a flat 1 hour's charge at our then current hourly rate will apply (currently \$375 as of January 1, 2022). If we mutually decide that you do need certain documents, then a flat fee will be quoted to you at that time, which will include your consultation, document preparation, revision and finalization and, generally, document execution in our office.

Except in exceptional circumstances, all document execution will be done in our office, with witnesses and a notary public which we provide. Depending on scheduling and location, we can sometimes offer off-site execution as well, but you will have to provide your own witnesses and/or notary, and an additional fee may be due for our travel time.

We ask you to complete this form, before your first "meeting" 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.

If you are a couple, please provide the requested information for each spouse/partner.

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

County: \_\_\_\_\_ Gender: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone Numbers: Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Current Marital Status? (describe) \_\_\_\_\_ Single; \_\_\_\_\_ Divorced; \_\_\_\_\_ Separated  
\_\_\_\_\_ 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): \_\_\_\_\_

Children of Prior Marriage? \_\_\_\_\_ Were either of your parents divorced/widowed and remarried? \_\_\_\_\_

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, HEALTH CARE DIRECTIVES, 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:

<u>Children</u> (Names)	<u>Other Parent</u>	<u>Gender and Age</u>	<u>Dependent?</u> (Y/N)
_____	_____	_____	_____
Child			
Address: _____			
_____	_____	_____	_____
Child			
Address: _____			
_____	_____	_____	_____
Child			
Address: _____			
_____	_____	_____	_____
Child			
Address: _____			

**Other Dependents:**

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Closest Living Relatives:** (use additional pages as necessary)

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:

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Relationship</u>
_____	_____	_____	_____
Relative			
Address: _____			
_____	_____	_____	_____
Relative			
Address: _____			
_____	_____	_____	_____
Relative			
Address: _____			
_____	_____	_____	_____
Relative			
Address: _____			
_____	_____	_____	_____
Relative			
Address: _____			

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 anyone 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)

	<u>Your Own</u>	<u>Spouse/Mate</u>	<u>Joint</u>
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?

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

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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:

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**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: \_\_\_\_\_

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

If so, please describe: \_\_\_\_\_

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

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Do you presently have major medical, accident & sickness, and/or disability insurance? \_\_\_\_\_ Please describe: \_\_\_\_\_

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What is your current health status? \_\_\_\_\_

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Have you ever received psychological or psychiatric treatment or care of any form? \_\_\_\_\_ Please describe: \_\_\_\_\_

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Are you currently taking any medications? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

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Do you expect to be hospitalized in the near future? \_ If so, please explain: \_\_\_\_\_

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Have you ever had a guardian appointed for you? \_\_\_\_\_ Please describe: \_\_\_\_\_

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Current health status of your spouse/mate, if applicable? \_\_\_\_\_

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**DISPOSITION OF ASSETS**

Note: Here, please provide us with the fullest possible directions as to the intended disposition of your estate and assets. Assume that you can effect whatever disposition you desire. We will work to accomplish your goals as best we can.

With regard to any particular beneficiaries, please provide full names and current addresses (city and state will usually suffice). For distributions of real estate, please provide the best possible address or description of the property you wish to devise. Carefully describe any personal property which you wish to bequeath. Identify beneficiaries who are presently minors or are otherwise incapacitated. Use additional pages if necessary.

DISPOSITION OF PERSONAL PROPERTY: (i.e. **generally meaning tangible assets other than real estate**)

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DISPOSITION OF REAL ESTATE:

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**RESIDUAL BENEFICIARIES  
GUARDIANS, EXECUTORS, AND TRUSTEES**

**In making a bequest you should consider the possibility that your intended beneficiary may predecease you. Alternative beneficiaries may be named. Property not devised or bequeathed to particular persons by general or specific bequest, and property left to beneficiaries who have predeceased you, may pass into the "residue" of your estate. You may designate one or more "residual" beneficiaries to receive such property. You may designate alternative residual beneficiaries as well.**

**If you have minor children, you may be able to designate a particular guardian to assume custody of such children. Alternative guardians may also be named.**

**You may appoint one or more executors/executrices to manage your property and affairs after your death. Some states allow the executor to be a beneficiary of your estate as well. Some states do not. Thus, please consider alternative executors, at least one of whom is not directly interested in your estate. An executor need not be an attorney or accountant. Executors/executrices residing in other states may be required to post a bond or other security prior to appointment.**

**If you intend to leave any property "in trust" to any person, you may appoint a "trustee" to manage such trust property. A trustee may also be the executor. Alternative trustees should also be named. Different trustees may be appointed for different trusts.**

**Please provide full names and addresses (city and state will suffice) for your intended designees:**

**RESIDUAL BENEFICIARIES** (i.e. if all specific beneficiaries predecease you) (Please give at least three names, if possible)

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**GUARDIAN(S)/CONSERVATORS** (Please give at least three names, if possible, and provide addresses)

Guardians/Conservator for yourself: \_\_\_\_\_

\_\_\_\_\_

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) (PLEASE give **telephone numbers, email addresses, and full street address**)

(1st) \_\_\_\_\_

(2nd) \_\_\_\_\_

(3rd) \_\_\_\_\_

**AGENTS FOR GENERAL POWER OF ATTORNEY** (To make *financial* decisions for you) (PLEASE give **telephone numbers, email addresses, and full street address**)

(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? \_\_\_\_\_

What documents have you previously executed (check as applicable)? \_\_\_\_\_ Will; \_\_\_\_\_ Living Trust;  
\_\_\_\_\_ Advance Healthcare Directive; \_\_\_\_\_ Living Will; \_\_\_\_\_ General Power of Attorney;  
\_\_\_\_\_ Pre/Post Nuptial Agreement; \_\_\_\_\_ Survivorship Deed; \_\_\_\_\_ Other? Please  
list: \_\_\_\_\_

Please bring all such documents with you to your initial meeting. **Please do NOT write on the originals.**

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: \_\_\_\_\_

\_\_\_\_\_

Would you like to meet with one of the financial planners in our office? \_\_\_\_\_

**DOCUMENTS AND EXECUTION**

**McCrary Law, PC does not provide editable copies of documents to our clients; and, we generally do not allow our documents to be executed outside of our office, except in emergency situations. Executing estate planning documents requires certain formalities. If such formalities are not strictly followed, the documents may be invalid. By agreeing to retain our services, you agree to these conditions.**

**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, P.C.**  
**SCHEDULE OF ESTIMATED FEES**  
**FOR ESTATE PLANNING SERVICES**  
**(PER PERSON)**

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

Effective 1/1/22

**WILLS:** **(NOTE: Prices quoted include up to a one (1) hour consultation, normally billable at \$375 along with document execution in our office with our witnesses and notary public).**

"Simple" Wills: Designation of testator(trix), specific and residual beneficiaries, executors, & trustees <u>only</u> (costs may varies depending upon complexity of particular bequests).	\$1,050
"Simple" Testamentary Marital Deduction or other Testamentary Trusts: <u>Or \$175.00</u> when in conjunction with other billable trust arrangements (subject to change depending upon complexity of trust arrangements)	\$ 250.00
Additional charges for revisions: Rough draft, one substantive revision, preparation and execution of final documents Additional revisions and drafts may be charged <b>hourly</b> @	No Add'l Charge \$375.00
Basic Codicils: (Fixed rate if we prepared the original will, otherwise an <b>hourly</b> rate of \$375.00 will apply) Assumes limited changes only	\$750.00

**INTER VIVOS ("Living") TRUSTS:** Including life insurance trusts (minimum charge) \$1,500.00

**GEORGIA ADVANCE HEALTHCARE DIRECTIVE:** \$375.00  
Or \$300.00 when prepared in conjunction with another instrument, subject to package pricing

**GEORGIA GENERAL POWER OF ATTORNEY:**  
Basic form general power of attorney \$375.00  
Or \$300.00 when prepared in conjunction with another instrument; subject to package pricing

**HOME OR HOSPITAL EXECUTION:** Within Fulton, Dekalb, or Cobb Counties (else an  
**hourly** rate of \$375.00 applies); you must provide witnesses \$375.00

**FULL PACKAGE:** "Simple" will (*no trusts or additional revisions*), general  
power of attorney & advance healthcare directive, office execution (minimum charge) \$1375.00

**ADDITIONAL SERVICES:**  
Deeds, including "survivorship" deeds, not including filing fees, taxes, or related expenses \$375.00  
(not including title investigation, if required)

Real Estate or Domestic Partnership Agreements, depending upon complexity \$1,500.00

**Re-execution/Revision 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, unless otherwise agreed at that time, we generally charge the lesser of our hourly fees, or our then-current standard charges for the same 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, depending on document complexity. Initial consultation will be \$375.00 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 \$375.00 PER HOUR, UNLESS OTHERWISE AGREED IN WRITING. ALL PRICES SUBJECT TO CHANGE DEPENDING UPON DOCUMENT AND ESTATE 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.**

**NOTE:** We do not provide clients with editable copies of any documents. You will receive .pdf copies of all documents upon request, or as necessary to facilitate proofing and revision.