JARYD P. GREEN
& ASSOCIATES, LLC
500 Buford Hwy, Ste 1001-111, Suwanee, GA 30024
jaryd@jpgattorneys.com | 678-464-4311

Estate Planning Questionnaire

This form is extremely important. Your accuracy and comprehensiveness in responding will help us represent you. Please have this information packet available during any further consultations, thank you.

Date: _____

A. CLIENT DATA

CLIENT
Full Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____
Cell Phone#: _____
Business Phone#: _____
Date of Birth: _____
Social Security#: _____
E-Mail Address: _____
Please Check U.S. Citizen? Yes ☐ No ☐
Please Check Veteran? Yes ☐ No ☐
If yes, please list branch and dates of service:
_____

CO-CLIENT
Full Name: _____
Street Address: _____
City: _____
State: _____
Zip: _____
Home Phone: _____
Cell Phone#: _____
Business Phone#: _____
Date of Birth: _____
Social Security#: _____
E-Mail Address: _____
Please Check U.S. Citizen? Yes ☐ No ☐
Please Check Veteran? Yes ☐ No ☐
If yes, please list branch and dates of service:
_____

B. MARITAL STATUS

Date of Marriage: _____
Place of Marriage: _____
State or Province: _____
Country _____

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C. **CHILDREN** (If applicable, include adult and minor children, as well as any who have predeceased you).

Please check here if you have additional children and list on separate page ☐

NAME OF CHILD: ____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: ____

Home Phone #: ____________________ Cell Phone #: ____________________

Date of Birth: ____________________ E-Mail Address: ____________________

Relationship to Client: Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock ☐ Deceased ☐

NAME OF CHILD: ____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: ____

Home Phone #: ____________________ Cell Phone #: ____________________

Date of Birth: ____________________ E-Mail Address: ____________________

Relationship to Client: Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock ☐ Deceased ☐

NAME OF CHILD: ____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: ____

Home Phone #: ____________________ Cell Phone #: ____________________

Date of Birth: ____________________ E-Mail Address: ____________________

Relationship to Client: Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock ☐ Deceased ☐

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Are any of your children in a circumstance that we need to know of? If yes, please list below:

_____

_____

_____

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

_____

_____

_____

D. GRANDCHILDREN (If applicable, include adult and minor grandchildren, as well as any who have predeceased you).

Please check here if you have additional grandchildren and list on separate page ☐

NAME OF GRANDCHILD: _____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ E-Mail Address: _____

Is this grandchild a direct descendent (natural or adopted) child of yours? Yes ☐ No ☐

NAME OF GRANDCHILD: _____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ E-Mail Address: _____

Is this grandchild a direct descendent (natural or adopted) child of yours? Yes ☐ No ☐

NAME OF GRANDCHILD: _____

Male ☐ Female ☐ Married ☐ Single ☐

Street Address: _____

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Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ E-Mail Address: _____

Is this grandchild a direct descendent (natural or adopted) child of yours? Yes☐ No☐

Are any of your grandchildren in a circumstance that we need to know of? If yes, please list below:

_____

_____

_____

Do any of your grandchildren owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

_____

_____

_____

MISCELLANEOUS

1. Do you have any legal issues we should be aware of? Yes☐ No☐
   If yes, please explain: _____

2. Where do your store your important papers? _____

3. Do you have a Safe Deposit Box? Yes☐ No☐
   If yes, indicate the name and address of the bank: _____

4. Burial or Cremation? Burial ☐ Cremation ☐. Have you prepaid your burial and funeral arrangements? Yes☐ No☐ If yes, please provide copies of your cemetery deed and funeral contract.

5. Are there any difficult family dynamics that could impact your planning? Yes☐ No☐
   If yes, please provide information: _____

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SCHEDULE 1: ASSETS AND RESOURCES

A. REAL ESTATE

Description (Location)	Cost (Basis)	Market Value	Mortgage Bal.	How Title Held
123 Know Way	$xxx,xxx.xxx	$xxx,xxx.xxx	$xxx,xxx.xxx	Joint Tenant
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	

Feel free to attach a Real Estate Addendum with additional details.

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

(Please provide copies of most recent statements)

Name of Bank/Branch	Account No.	Type of Account	Balance/Value	How Title Held
Big Bank/ Main St.	xxx-xxxx	Savings	$xx,xxx.xxx	Jointly w/ Son
			$	
			$	
			$	
			$	
			$	
			$	

C. SECURITIES (Bonds, Marketable Securities, etc.)

(Please provide copies of most recent statements)

Name of Company	Type of Sec.	# Shares/Face Val.	Cost	Current Val.	How Title Held
Acme Corp.	Common/Preferred	xx Shares	$x,xxx.xx	$x,xxx.xx	Sole Owner
			$	$	
			$	$	

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			$	$	

D. RETIREMENT ACCOUNTS (IRAs, Annuities, etc.)

(Please provide copies of most recent statements and beneficiary designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Big Broker	xxx-xxxx	Client	Spouse	Jan, 1970	$xx,xxx.xx
					$
					$
					$
					$

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

(Please provide copies of most recent statements and beneficiaries designations)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
Apple Insurance Co.	xxx-xxxx	Client	Son/Daughter	Jan, 1970	$xx,xxx.xx
					$
					$
					$
					$
					$

F. PERSONAL PROPERTY

	Market Value and Item	How Title Held
Home Furnishings:	$	
Cars, RVs, Boats, etc.:	$	
Cars, RVs, Boats, etc.:	$	
Cars, RVs, Boats, etc.:	$	
Jewelry, Furs, etc.:	$	

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G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If either client has an ownership in any business (whether LLC, sole proprietorship or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell agreements, Stock Certificates, etc.) please provide copies.

I. MISCELLANEOUS

If either client has any property interests not described above, please explain the nature of the interests and the estimated value of each.

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SCHEDULE 2. – SELECTING BENEFICIARIES

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

***Please note any differences between spousal wishes*.**

A. First-Choice Beneficiaries:

_____

_____

B. Second-Choice Beneficiaries:

_____

_____

C. Third-Choice Beneficiaries:

_____

_____

D. Any specific disposition of your residence?

_____

_____

E. Any specific gifts of special articles, such as art or jewelry?

_____

_____

F. Any specific disposition of other household and/or personal effects?

_____

_____

G. Other information you think is important to your estate planning?

_____

_____

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SCHEDULE 3. – SELECTING FIDUCIARIES
(Please provide names, addresses and phone numbers if chosen person is not a child or spouse.)

POSITION	CLIENT	CO-CLIENT
WILL SELECTIONS:		
Executor or Co-Executors		
1st Successor(s)		
2nd Successor(s)		
Trustee or Co-Trustee		
Guardian(s) for minor or disabled		
Children		

FINANCIAL/GENERAL DURABLE POWER OF ATTORNEY:

Agent or Co-Agents		
1st Successor(s)		
2nd Successor(s)		

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

☐ Yes, my Co-Agents may act independently of each other.

☐ No, each task must be undertaken jointly by all Co-Agents.

ADVANCE DIRECTIVE FOR HEALTH CARE

Agent or Co-Agents		
1st Successor(s)		
2nd Successor(s)		

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

☐ Yes, my Co-Agents may act independently of each other.

☐ No, each task must be undertaken jointly by all Co-Agents.

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CERTIFICATION

The undersigned hereby represents to Jaryd P. Green & Associates, LLC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understand that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Jaryd P. Green & Associates, LLC may not be appropriate.

_____ _____

Signature of Client or Client Representative Date

_____ _____

Signature of Client or Client Representative Date