

CURTIN LAW FIRM, P.C.

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ATLANTA, GEORGIA 52548/3765

TIMOTHY M. CURTIN

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Date: _____

ESTATE PLANNING INFORMATION

A. BIOGRAPHICAL INFORMATION

Husband's Name _____ Date of Birth _____

Address _____ Residence County _____

_____ Social Security No. _____

Phone (home) _____ (office) _____

Employer _____ Position _____

Wife's Name _____ Date of Birth _____

Employer _____ Position _____

Business Phone _____ Social Security No. _____

E-mail _____

Living Children

Name	Date of Birth	Married	(if different) City of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deceased Children:

Grandchildren:
(attach separate sheet if necessary)

B. ASSETS AND LIABILITIES

Kind of Asset	Husband	Wife	How Owned Jointly	Estimated Value
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1. Residence				\$ _____
_____	_____	_____	_____	

Kind of Asset	Husband	Wife	How Owned Jointly	Estimated Value
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2. Other Real Property (location by state)				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____

Kind of Asset

3. Stocks, Bonds, Notes, or Other Securities				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____
c. _____	_____	_____	_____	\$ _____
d. _____	_____	_____	_____	\$ _____

4. Partnerships or Other Business Interests				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____

5. Bank Accounts (include bank name)				
(checking)				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____
(savings)				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____

How Owned*

	<u>Husband</u>	<u>Wife</u>	<u>Jointly</u>	<u>Estimated Value</u>
(safe deposit)				
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____

6. Cars

a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____

7. Other Personal Property (summarize approximate value)

a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____
c. _____	_____	_____	_____	\$ _____
d. _____	_____	_____	_____	\$ _____

8. Insurance

<u>Company</u>	<u>Policy No.</u>	<u>Insured</u>	<u>Owner</u>	<u>Cash Value</u>	<u>Face Amount</u>
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____

<u>Principal Beneficiary</u>	<u>Secondary Beneficiary</u>	<u>Whole Life/Term?</u>
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a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

9. Other Assets Not Included Above:

Kind of Asset	How Owned			Estimated Value
	Husband	Wife	Jointly	
a. _____	_____	_____	_____	\$ _____
b. _____	_____	_____	_____	\$ _____
c. _____	_____	_____	_____	\$ _____
d. _____	_____	_____	_____	\$ _____

TOTAL GROSS ESTATE:

All Major Debts and Mortgages:

Company	Debtor	Payment	Balance
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____

TOTAL MAJOR DEBTS AND MORTGAGES:

\$ _____

NET WORTH:

\$ _____

C. POSSIBLE ADDITIONAL ASSETS:

1. (a) In case of your death or retirement, would any employer make payments to you or your spouse under any pension or profit-sharing plan, deferred compensation plan, or for any other reason?

Yes _____ No _____

- (b) If yes, name designated beneficiary _____

- (c) Please describe, with approximate amounts:

- (d) Did you contribute to such plan(s) (voluntary or otherwise):

Yes _____ No _____

- (e) Who is the primary death beneficiary of such rights? _____

- (f) Who is the secondary death beneficiary of such rights? _____

2. Do you or your spouse expect to gain control over or inherit any substantial property in the near future which should be considered in planning your estate?

Yes _____ No _____

If yes, please describe:

3. Do you have any powers of appointment? Yes _____ No _____

If so, please describe:

D. QUESTIONS TO CONSIDER IN ADVANCE OF CONFERENCE:

1. Who would you like to be the primary beneficiary (or beneficiaries) of your estate when you pass?

2. Do your children (including adopted or grandchildren) have any problems or handicaps which should be considered in devising your estate plan?

Yes _____ No _____

If so, please describe:

3. Do you have the responsibility for supporting anyone other than your spouse and children?

Yes _____ No _____

If so, please describe:

4. If you have minor children (in case your spouse did not survive you), who would you name as a guardian for your minor children?

Name _____ Relationship _____

Address _____

Alternate _____ Relationship _____

Address _____

5. If you had minor children who survived both of you and your spouse and a trust had to be established, how old would you want each child to be when the trust assets were distributed?

6. Who would you want to serve as Executor under your Will:

Name _____ Relationship _____

Address _____

Alternate _____ Relationship _____

Address _____

7. Who would you want to serve as Trustee of any trusts created under your Will:

Name _____ Relationship _____

Address _____

Alternate _____ Relationship _____

Address _____

8. It may be helpful for you and your spouse to bring your present Wills (if any) and any other documents you wish to discuss or think we might need to review to plan your estate. It would also be helpful for you to show on a separate piece of paper the names, ages, and addresses of you and your spouse's parents, sisters, and brothers.

9. Have either of you ever been divorced? If so, please forward copies of divorce decrees and settlement agreements.

Husband _____ Wife _____

10. Are you a United States citizen?

Husband _____ Wife _____

11. Who would you wish to receive your property if you, your spouse, your children and all of your descendants were killed in a plane crash?

12. Any special bequest you wish to make (such as a gift to charity, or a gift of a particular piece of jewelry to a particular child).

13. Do you wish to be buried or cremated?

Husband _____ Wife _____

14. Who would you wish to make health care decisions for you if you were unable to make these decisions for yourself? If that person were unavailable, who would you designate?

Husband:

Primary: _____

Secondary: _____

Wife:

Primary: _____

Secondary: _____

15. Who would you wish to manage your finances if you were unable to manage them yourself?

Husband:

Primary: _____

Secondary: _____

Wife:

Primary: _____

Secondary: _____