

**CURTIN LAW FIRM, P.C.**

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Date: \_\_\_\_\_

**ESTATE PLANNING INFORMATION**

**A. BIOGRAPHICAL INFORMATION**

Partner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Residence County \_\_\_\_\_

\_\_\_\_\_ Social Security No. \_\_\_\_\_

Phone (home) \_\_\_\_\_ (office) \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Partner'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	How Owned			Estimated Value
	1st Partner	2 <sup>nd</sup> Partner	Jointly	

1. Residence				\$ _____
_____	_____	_____	_____	

Kind of Asset	How Owned			Estimated Value
	1 <sup>st</sup> Partner	2 <sup>nd</sup> Partner	Jointly	

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. _____	_____	_____	_____	\$ _____

<u>Value</u>	<u>1<sup>st</sup> Partner</u>	<u>2<sup>nd</sup> Partner</u>	<u>Jointly</u>	<u>Estimated</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>			
a. _____	_____	_____			
b. _____	_____	_____			
c. _____	_____	_____			
d. _____	_____	_____			

9. Other Assets Not Included Above:

Kind of Asset	How Owned			Estimated Value
	1 <sup>st</sup> Partner	2 <sup>nd</sup> Partner	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 partner 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 partner 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 so, please describe:

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3. Any powers of appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe:

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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?

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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:

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe:

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4. If you have minor children, 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 you and a trust was 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 partner 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 partner's parents, sisters, and brothers.

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

Partner #1 \_\_\_\_\_ Partner #2 \_\_\_\_\_

10. Are you a United States citizen?

Partner #1 \_\_\_\_\_ Partner #2 \_\_\_\_\_

11. Who would you wish to receive your property if you, your partner, 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 person).

13. Do you wish to be buried or cremated?

Partner #1: \_\_\_\_\_ Partner #2: \_\_\_\_\_

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?

Partner #1:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Partner #2:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

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

Partner #1:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Partner #2:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

16. Do you have disability insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the policy terms: \_\_\_\_\_

17. Do you have long term care insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the policy terms: \_\_\_\_\_