

THE LAW OFFICE OF
J.D. BROWN, P.C.

Legal and Tax Resolutions

WILL/TRUSTS QUESTIONNAIRE

1. BACKGROUND INFORMATION			
DATE:			
FULL NAME:			
SOCIAL SECURITY #:		DATE OF BIRTH:	
MARITAL STATUS:		PREVIOUSLY MARRIED: Y___ N___	
SPOUSE NAME (IF APPLICABLE):			
SPOUSE SOCIAL SECURITY #:		SPOUSE DATE OF BIRTH:	
ADDRESS:			
CITY	COUNTY	STATE	ZIP CODE
TELEPHONE		EMAIL	

2. HEIRS		
A. LIVING CHILDREN (Natural and Adopted)		
NAME	DATE OF BIRTH	ADDRESS (IF DIFFERENT)

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2. HEIRS CONTINUED

B. DECEASED CHILDREN (Natural and Adopted)

NAME	DATE OF DEATH	LIVING DESCENDANTS

C. STEPCHILDREN (If you intend to leave anything to them.)

NAME	DATE OF BIRTH	ADDRESS (IF DIFFERENT)

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If you are not married and you have no children, please provide the following information, otherwise, skip to the next section.

2. HEIRS CONTINUED	
D. PARENTS	
FATHER	MOTHER
NAME:	NAME:
ADDRESS:	ADDRESS:
AGE:	AGE:

If you are not married and you have no children and your parents are deceased, please provide the following information, otherwise, skip to the next section.

2. HEIRS CONTINUED	
E. BROTHERS AND SISTERS	
Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

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3. GIFTS AND BEQUEST

A. SPECIFIC GIFTS

A specific gift or bequest identifies the specific item (securities, money from a specified fund or property) that you want to go to a specific person (ex. Wedding rings to my daughter). **NOTE:** If the specific item is no longer available (sold or lost), then the gift is void.

Do you want to make specific bequest of property to one or more people (beneficiaries)? If YES, please indicate the Name of the Beneficiary for whom you wish to make specific bequests of property. You may attach additional sheets if necessary.

NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST

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3. GIFTS AND BEQUEST CONTINUED

B. GENERAL GIFTS

A general gift is a gift to a specific person when the specific item is not identified (ex. \$10,000 to my son). This gift is taken from all available funds or can be paid by property of equal value.

Do you want to make general bequest of property to one or more people (beneficiaries)? If YES, please indicate the Name of the Beneficiary for whom you wish to make general bequest of property. You may attach additional sheets if necessary.

NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST

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3. GIFTS AND BEQUEST CONTINUED

C. CHARITABLE GIFTS

Do you want to make a bequest to one or more charities or institutions? If YES, please indicate Name of the Charity/Institution to whom you wish to make such bequest. You may attach additional sheets if necessary.

NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST
NAME	BEQUEST

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3. GIFTS AND BEQUEST CONTINUED

D. TANGIBLE PERSONAL PROPERTY

Do you want to leave the rest of your tangible personal property (all personal property not already given to someone in a specific gift) to your spouse? Y_____ N_____

If you are not married or your spouse predeceases you, to whom do you want to leave the rest of your tangible personal property. Mark all that apply.

TO MY CHILDREN IN EQUAL SHARES _____

TO MY RESIDUAL ESTATE _____

LIST AN ALTERNATE BENEFICIARY. This can be a person, charity or institution.

3. GIFTS AND BEQUEST CONTINUED

E. RESIDUAL ESTATE

The "residual estate" consists of all property, both real and personal, that remains after the specific bequests of money and property or general bequests are distributed. The residual estate is usually the largest bequest made.

You can leave your residual estate to your spouse, partner, or to the children in equal shares, or to a child trust, or a named beneficiary, or other heirs, or more than one beneficiary, split up by percentages.

1. To whom do you want to leave your residual estate (Residual Beneficiary)?

Outright to my spouse _____

To my spouse in trust; final distribution to children _____

Outright to my children in equal shares _____

To my children in trust _____

List Beneficiary. This can be multiple people, charities or institutions:

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2. If the residuary beneficiary named above, fails to survive you, to whom do you want to leave your residual estate? This is your alternate residual beneficiary. Please select one.	In equal shares to my children _____
	To my children in trust _____
	List Beneficiary. This can be multiple people, charities or institutions: _____
	To the descendants of my residuary beneficiary (per stirpes). _____

4. FIDUCIARIES

A fiduciary is defined as one, such as an agent of principal that stands in a special relation of trust, confidence or responsibility in certain obligations to others. Fiduciaries identified in a Will include Guardian of minor children, Trustees and Executors.

A. GUARDIAN

1. **If you have children under the age of 18, who do you choose to serve as guardian of your minor child or children:**_____

2. **If this person shall fail to qualify or cease to act as guardian, who do you name as an alternate guardian for your minor child or children:**_____

3. **Do you wish to compensate your Guardian?**

Y_____ N_____ If YES, how much?

Reasonable Compensation_____

Specific Amount_____

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4. FIDUCIARIES CONTINUED

B. TRUSTEE

1. If you have given any gift in Trust, you must name someone who will be responsible for managing and investing the assets placed in the Trust.

A. Name a person or persons to serve as property custodian, called Trustee. You can name Co-Trustees.

Name(s)

B. Name a successor (alternate) Trustee (or Co-Trustees) to serve in case your first choice is unwilling or unable to manage the property.

Name(s)

C. Do you wish to name a corporate Trustee to assist your individual Trustees named above?

Y_____ N_____

If YES, the name of the corporate Trustee is _____

NOTE: Corporate Trustees will receive compensation based on their Trustee Services schedule. Before selecting a Corporate Trustee, you may want to inquire into what fees they charge.

2. If you named a minor as beneficiary, you may either allow the Executor to name a Custodian to manage the funds for the minor until they reach age 18 or you can place the funds/property into a Trust. Mark One.

Custodian name by Executor (only manages the funds until the child reaches majority)

Child's Trust _____

3. If you selected Child's Trust, mark all that you want to apply to the trust:

INCOME DISTRIBUTION: MANDATORY _____ DISCRETIONARY _____

PRINCIPAL DISTRIBUTION: MANDATORY _____ DISCRETIONARY _____

PRINCIPAL CAN BE INVADED TO FUND:

EDUCATION _____ BUY A HOUSE _____ START A BUSINESS _____

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4. FIDUCIARIES CONTINUED

B. TRUSTEE CONTINUED

At what ages do you want the beneficiary to receive portions of the principal and in what percentage? **NOTE:** The default distributions is $\frac{1}{3}$ at age 25, $\frac{1}{2}$ at age 30 and the remainder at age 35. You can select any age and percentage.

Age and Percentage: _____

4. Do you wish to compensate your individual Trustees?

Y_____ N_____ **If YES, How Much?**

Reasonable Compensation _____

Specific Amount _____

Compensation as identified in the Official Georgia Code Annotated? _____

5. DEBTS AND EXPENSES

A. Are there any debts you wish to cancel? Y_____ N_____ If Yes, describe the Debts you wish to cancel. Include the names of the people or person owing the debts, the dates the debts were originally issued and the amounts you wish to forgive:

NAME	DATE	AMOUNT

B. Do you want to specify how your debts and expenses will be paid? Y_____ N_____ If YES, indicate your choice for payments of your debts and expenses: Mark One.

1. Payments of debts and expenses from one or more designated assets. _____

Please list assets (ex Savings Account w Bank)

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5. DEBTS AND EXPENSES CONTINUED

2. Payments of debts and expenses from residuary estate _____

Enter a precise description of assets you wish to use for payment of your debts and expenses in the order you want them used:

3. Do you want to specify how your estate and inheritance taxes will be paid?
Y _____ N _____

If YES, mark one:

From one or more designated assets. _____
Please indicate assets:

From Residuary Estate _____

All of your property _____

6. THE CLIENTS ASSETS

BANK ACCOUNTS

NAME OF BANK

TYPE OF ACCOUNT

AVERAGE BALANCE

NAME OF BANK

TYPE OF ACCOUNT

AVERAGE BALANCE

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6. THE CLIENTS ASSETS CONTINUED	
BANK ACCOUNTS CONTINUED	
NAME OF BANK	TYPE OF ACCOUNT
AVERAGE BALANCE	
NAME OF BANK	TYPE OF ACCOUNT
AVERAGE BALANCE	
REAL ESTATE	
ADDRESS	
LEGAL TITLE HELD AS: INDIVIDUALLY _____ JOINT TENANCY _____ TENANTS IN COMMON _____ TENANTS BY THE ENTIRETY _____	FAIR MARKET VALUE _____
MORTGAGE	Do you want your ESTATE to pay off your Mortgage? Y _____ N _____
LIFE INSURANCE	Do you have a Life Insurance Trust? Y _____ N _____
BUSINESS INTEREST:	
POWER OF APPOINTMENT	
Are you the beneficiary of a Trust that authorized you the power to appoint the Trust benefits in your Will? Y _____ N _____	
If NO, to whom do you want to appoint the remaining Trust benefits.	Name
OTHER ASSETS: (LIST STOCKS, BONDS, TRANSFERABLE MEMBERSHIPS)	

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7. TOTAL WORTH ESTIMATE		
ASSETS		
	CLIENT	SPOUSE
BANK ACCOUNTS		
STOCKS & BONDS		
REAL ESTATE		
LIFE INSURANCE		
BUSINESS ASSETS		
OTHER ASSETS		
TOTAL		
LIABILITIES		
UNSECURED NOTES		
MORTGAGES		
OTHER LIABILITIES		
TOTAL		
NET WORTH		
ASSETS - LIABILITIES		

8. BURIAL INSTRUCTIONS	
1. Do you have specific requests for your funeral?	Buried _____ Cremated _____ Other _____
2. Religious affiliation	
3. Specific cemetery or place to be buried	
4. Specific person(s) to handle the funeral arrangements	

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POWER OF ATTORNEY QUESTIONNAIRE

FULL NAME

There are two types of Powers of Attorney. The first is a Power of Attorney for Health Care. The purpose of this Power of Attorney is to appoint an attorney-in-fact or agent to make decisions reference your medical care in the event that you are unable to make those decisions. Your agent can hire and fire doctors and other health care professionals, agree to medical treatment, consult with medical professionals, and have access to your medical records. The person you appoint is supposed to only make the decisions that you would have made for yourself if you were capable of making a decision. Your agent should know what decisions you would want made.

The second type of Power of Attorney is for finances. Your agent has the power to handle all of your financial affairs to include executing a Trust for your benefit, signing checks, selling real estate and borrowing money. You can give your Agent unlimited power or specific power. You can also make your Agent's power contingent upon the happening of some event, such as your incapacity. Unlike the Health Care Power of Attorney, the Power of Attorney for Finances creates a fiduciary relationship, and as such, your Agent must accept his or her appointment in writing and notarized.

Who do you constitute and appoint as your true and lawful attorney for you and in your place and stead to handle and conduct all of your personal (non-medical) and business affairs if you at any time suffer a catastrophic illness and/or severe physical or mental injury which significantly impairs your ability to physically or mentally conduct your personal (non-medical) and business affairs:

Please type/print full name of appointed person

Street Address

City

County

State

Zip

Relationship (can be a friend, colleague, relative or spouse)

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LIVING WILL QUESTIONNAIRE

FULL NAME

A Living Will, also called an advanced directive, is your statement of how you want to be treated at your impending death. You can either elect the withdrawal of life sustaining measure, aggressive treatment regardless of cost or outcome, or to allow your Agent designated in your Power of Attorney for Health Care, to make the decision after consulting with whomever you designate (to include physicians, family members, clergy). You also can elect to donate your organs in your Living Will.

In order to have a Living Will, you must be over 18, competent to make decisions for yourself, not under mental or physical duress, fully understand the importance of this decision. For women, your Living Will will not be enforced if you are pregnant. Once made, your Living Will can be revoked by you at any time.

Please mark your answers.

1. If you are in the end stages of a terminal condition as defined in and established in accordance with the procedures set forth in paragraph (2)(9) and (13) of Code Section 31-32-2 of the Official Code of Georgia Annotated, with the exception herein that three (3) medical opinions secured, do you direct that the application of life sustaining procedures to your body be withheld or withdrawn and you be permitted to die?

Yes _____	No _____
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2. If you are in a coma to include a persistent vegetative state as defined in and established in accordance with the procedures set forth in paragraph (2) (9) and (13) of Code Section 31-32-2 of the Official Code of Georgia Annotated, do you direct that the application of life-sustaining procedures to your body be withheld or withdrawn and you be permitted to die?

Yes _____	No _____
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3. If you selected YES to 1 or 2 above, do you want to receive:

Hydration (either orally or through an IV)

Nourishment (to include a feeding tube)
--

Both Hydration and Nourishment

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4. If you selected NO for numbers 1 and 2 above, do you desire the application of all life-sustaining measures, to include experimental treatments, regardless of the chance of success or costs?

Yes _____	No _____
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5. Regardless to your answers above, in the absence of your ability to give directions regarding the use of such life-sustaining procedures, is it your intention that this living will be honored by your family and physician(s) as the final expression of your legal right?

Yes _____	No _____
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6. If you answered NO to 5 above, do you want the person you appointed under your Power of Attorney for Health Care to make this decision weighing the burden of the treatment versus the possible outcome?

Yes _____	No _____
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Do you want to name additional people that your Agent must consult with? This can include family members, physicians or clergy.

Yes _____	No _____
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7. Do you authorize any donations of your organs?

Yes _____	No _____
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8. If you are female and have been diagnosed as pregnant, are you aware that this living will shall have no force and effect during the course of your pregnancy?

Yes _____	No _____
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