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

ESTATE PLANNING QUESTIONNAIRE  
for  
Single Individual

This questionnaire will provide us with basic personal and financial information for use in rendering estate planning advice. Please provide complete information in those portions of the questionnaire which are applicable to you. If the space below is insufficient, please attach extra pages or write on the reverse.

**CONFIDENTIAL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Bank Affiliation \_\_\_\_\_

Location of Safe Deposit Box \_\_\_\_\_

Accountant \_\_\_\_\_ Insurance Agent \_\_\_\_\_

Have you ever been married? Yes \_\_\_\_ or No \_\_\_\_

If so, to whom? \_\_\_\_\_

Date of death of (or divorce from) former spouse:

\_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Please include below names of those both living and deceased. Indicate by asterisk (\*) if brothers and sisters share only one parent in common with you.

Parents Names and Address (or date of death) Age

\_\_\_\_\_  
\_\_\_\_\_

Brothers and Sisters Names and Address or date of death) Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Georgia law makes it necessary for us to ask you if you have a stepchild, foster child, adopted child, child born out of wedlock, or a child who has been adopted out of your family. If your answers to the next two questions include such persons, please check the "Special Circumstances" box.

Children:

<u>Name and Address</u>	<u>Date of Birth / Age</u>	<u>Name of Child's Spouse if Married</u>	<u>Check if Special Circumstances Apply</u>
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]
_____	_____	_____	[ ]

Names of deceased children: \_\_\_\_\_

Grandchildren:

<u>Name and Address</u>	<u>Date of Birth/Age</u>	<u>Name of Grand-Child's Parent</u>	<u>Check if Special Circumstances Apply</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			
_____	_____	_____	<input type="checkbox"/>
_____	_____		
_____			

Heirs Only if you have no descendants, list names, ages and addresses of father, mother, sisters, brothers and other living next of kin. Indicate if "Special Circumstances" apply to them.

<u>Name and Address</u>	<u>Date of Birth / Age</u>	<u>Relationship</u>	Check if Special Circumstances Apply
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	
_____	_____	_____	

QUESTIONS TO CONSIDER

(Use additional pages as necessary for your answers)

1. Do your children (or grandchildren) have any problems or disabilities which should be considered in planning your estate? Do you have the responsibility for supporting anyone other than your children?

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2. Do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities?

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3. If you and all of your descendants (children, grandchildren, etc.) were killed in a plane crash, whom would you want to have your property?

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4. (a) You will need to name an Executor to administer your Estate. The Executor will collect assets, pay the debts, file the necessary tax returns and distribute the assets from your Estate in accordance with the terms of the Will. The Executor may be an individual (close relative or friend) or it may be a corporate fiduciary (a bank), or you may have more than one person and/or a corporate fiduciary acting as Co-Executors. Whom would you name?

Initial Executor(s): \_\_\_\_\_

\_\_\_\_\_

Successor Executor(s): \_\_\_\_\_

\_\_\_\_\_

(b) If you have a Trust set up under your Will to take care of your children, then you will need to name a Trustee who will invest and manage the Trust assets and make payments from the Trust to the various beneficiaries in accordance with the terms of the Will. The Trustee may be the same as the Executor, but this is not necessary. Whom would you name?

Initial Trustee(s): \_\_\_\_\_  
\_\_\_\_\_

Successor Trustee(s): \_\_\_\_\_  
\_\_\_\_\_

5. If you decided to name a guardian for your minor children, whom would you name? (Think about a successor to the original guardian also.)

Initial Guardian(s): \_\_\_\_\_  
\_\_\_\_\_

Successor Guardian(s): \_\_\_\_\_  
\_\_\_\_\_

6. Do you expect to inherit any substantial property in the near future which should be considered in planning your estate?

\_\_\_\_\_  
\_\_\_\_\_

7. Do you presently have a will? Are you a party to any insurance policies, deeds, trust agreements, buy-sell agreements, prenuptial agreements, settlement agreements pursuant to a divorce, or other documents or contracts affecting your estate? If so, please provide copies of these documents with the completed questionnaire.

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been divorced? Do you have any financial obligations pursuant to a divorce decree or settlement agreement?

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9. Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

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10. Do you wish to be buried or cremated? \_\_\_\_\_



FINANCIAL INFORMATION

KIND OF ASSET

1. Listed or Traded Securities, both Stocks and Bonds (other than retirement accounts)  
\$ \_\_\_\_\_
  
2. Cash/Cash Equivalents \$ \_\_\_\_\_
  
3. Closely Held and Untraded Securities
  - a. \$ \_\_\_\_\_
  - b. \$ \_\_\_\_\_
  - c. \$ \_\_\_\_\_
  
4. Partnership or Sole Proprietor Interests  
\$ \_\_\_\_\_
  
5. Retirement Accounts:
  - a. 401(k) \$ \_\_\_\_\_
  - b. IRA \$ \_\_\_\_\_
  - c. Other \$ \_\_\_\_\_
  
6. Residence \$ \_\_\_\_\_  
(Mortgage Debt) \$( \_\_\_\_\_ ) \$( \_\_\_\_\_ )  
Property Address: \_\_\_\_\_  
Please provide a copy of the deed.
  
7. Other Real Property (include location by state)  
Please provide copies of all deeds for real estate owned.
  - a. Property #1 \$ \_\_\_\_\_  
(Mortgage Debt) \$( \_\_\_\_\_ ) \$( \_\_\_\_\_ )  
Property Address: \_\_\_\_\_
  
  - b. Property #2 \$ \_\_\_\_\_  
(Mortgage Debt) \$( \_\_\_\_\_ ) \$( \_\_\_\_\_ )  
Property Address: \_\_\_\_\_
  
  - c. Property #3 \$ \_\_\_\_\_  
(Mortgage Debt) \$( \_\_\_\_\_ ) \$( \_\_\_\_\_ )  
Property Address: \_\_\_\_\_

8. Car(s) \$ \_\_\_\_\_

9. Other Personalty \$ \_\_\_\_\_

10. Other \$ \_\_\_\_\_

TOTAL GROSS ESTATE \$ \_\_\_\_\_

(All Other Indebtedness) \$(\_\_\_\_\_) \$(\_\_\_\_\_)

TOTAL \$ \_\_\_\_\_

Life Insurance:

<u>Insured Life?</u>	<u>Company</u>	<u>Face Amount</u>	<u>Owner</u>	<u>Principal Beneficiary</u>	<u>Term Ins or Whole Life</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

OTHER ASSETS

a. In case of your death or retirement, would any employer make payments to you under any qualified pension or profit-sharing plan, deferred compensation plan, etc.? If so, please describe with approximate amounts and designated beneficiary.

\_\_\_\_\_

b. Are you the beneficiary of any estate or trust currently in existence? If so, give details.

\_\_\_\_\_

c. Do you have a Safe Deposit Box?

Location

Held in Whose Name?

\_\_\_\_\_

d. Stocks and Bonds (Attach list if necessary.)

Location: \_\_\_\_\_

Estimated

<u>Quantity</u>	<u>Description</u>	<u>Held in Whose Name?</u>	<u>Present Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### FINANCIAL POWER OF ATTORNEY

Financial Powers of Attorney are documents by which you appoint a relative or trusted associate to act as your Agent or Attorney-in-Fact to handle your business and financial affairs in the event of your inability to do so. This Power of Attorney may be effective as soon as it is signed or only in the event of your disability.

Do you want your POA to be effective as soon as it is signed? Yes \_\_\_\_\_ or No \_\_\_\_\_

Do you want it to be effective only in the event of your disability with the consent of your doctor? Yes \_\_\_\_\_ or No \_\_\_\_\_

Who do you want to appoint as your primary Agent or Attorney-in-Fact?

\_\_\_\_\_

Do you want to appoint a secondary Agent or Attorney-in-Fact to act in the event that your first Agent fails to act or is not able to act?

\_\_\_\_\_

ADVANCE DIRECTIVE FOR HEALTH CARE

Georgia’s Advance Directive for Health Care allows you to appoint an Agent to act on your behalf in medical affairs. It combines a health care power of attorney and a living will.

Please provide the names, address, and all telephone numbers (home, work and cell) of the persons you wish to act as your medical agent. You may appoint up to 3 people. Please designate your first, second and third choices.

1st Choice - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2nd Choice - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

3rd Choice - Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_