

This is not a contract. For confidential Estate Planning counsel, return this form by fax, email, or US mail. Contact details on top p. 1.

THE MEYRING LAW FIRM

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ESTATE PLANNING INFORMATION

Please complete the form by hand or on your computer by mouse-clicking on the field and entering the information into the field. If you need to enter additional information, the field will expand to accommodate the added content.

Date:

| |
|-----------------------|
| Full Name: |
| Date of Birth: |
| Mobile & Work Phones: |
| Home Address: |
| Email: |

Please mark the box of the asset you have and how owned. Give the estimated value of each asset in the right column.

| Asset | Solely Owned | Jointly Owned | Estimated Value |
|---------------------------------|--------------------------|--------------------------|-----------------|
| House/Condo | <input type="checkbox"/> | <input type="checkbox"/> | |
| Land | <input type="checkbox"/> | <input type="checkbox"/> | |
| Commercial Property | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stocks/Bonds/Securities | <input type="checkbox"/> | <input type="checkbox"/> | |
| Checking/Savings Account | <input type="checkbox"/> | <input type="checkbox"/> | |
| Safe Deposit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Automobiles | <input type="checkbox"/> | <input type="checkbox"/> | |
| Personal Property | <input type="checkbox"/> | <input type="checkbox"/> | |
| Partnerships/Business Interests | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pension | <input type="checkbox"/> | <input type="checkbox"/> | |
| Profit Sharing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Insurance Policy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Total Gross Assets | | | |

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All Major Debts and Mortgages

| Company | Debtor | Payment | Balance |
|--|--------|---------------------------|---------|
| | | | |
| | | | |
| | | | |
| ASSETS – LIABILITIES = NET WORTH: | | Total Liabilities: | |

1. Do you expect to gain control over or inherit any substantial property, securities, or money in the near future that should be considered in planning your estate?

Yes No Amount

2. If you have minor children, who would you name as a **guardian** for your children in your absence? When giving names, please include city and state address.

| | |
|--------------|--------------|
| Name | Name |
| Relationship | Relationship |
| Address | Address |

Is your preference burial or cremation?

The **Executor** is named in the will and handles the distribution of assets of the Estate.

The **Trustee** is named in the will and manages and distributes the money of the trust.

A **Trust**-based Estate Plan instead of a **Will**-based Plan offers more privacy and flexibility and avoids probate.

3. Who would you want to serve as Executor under your Will? Who would you name as a back up Executor(s)?

| | |
|---------------|----------------------|
| Executor Name | Backup Executor Name |
| Relationship | Relationship |
| Address | Address |

4. Who would you want to serve as Trustee under your Will? You may name yourself Trustee of a Living Trust.

| | |
|--------------|---------------------|
| Trustee Name | Backup Trustee Name |
| Relationship | Relationship |
| Address | Address |

5. Are you a US citizen? Y/N

6. Any special bequest(s) you wish to make - such as a gift to a friend, or a gift of a specific piece of jewelry to a particular relative, friend or charity?*

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7. Who would you wish to make health care decisions for you as Agent if you were incapacitated (unable to make these decisions for yourself?) If that person were unavailable who would you designate?

| | |
|--------------|--------------|
| Name | Name |
| Relationship | Relationship |
| Address | Address |

8. Who would you wish to manage your finances as Agent if you were unable to manage them yourself? List name, relationship, and address.

List all children, grandchildren, relatives, friends, and charities that you wish to receive from your estate.

| Name and Relation to you | Age | Gift/Asset* | City/State of Residence |
|--------------------------|-----|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

YOUR ESTATE PLANNING GOALS:

In your own words (you may be creative), please describe the objectives and goals you would like to see accomplished through the estate planning process, your wishes and your exclusions. Examples include: “I want my children to be taken care of in my absence” or “I don’t want the distribution of my estate to be open to public record.” I want to give to my favorite charity.”

* Please use above space to give more detailed answers and descriptions of the gifts to be made through your Will or Trust. See page 2, No. 6

We thank you for choosing the Meyring Firm as your Estate Planning attorneys.