

For confidential Estate Planning counsel, return this form by fax, email, or US mail. This form is not a contract.

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ESTATE PLANNING INFORMATION

Please complete the form by hand or on your computer by 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 and Work Phones: |
| Home Address: |
| Email: |

Please mark the box of the asset you have and how owned. Estimate the 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"/> | |
| 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 | | | |

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.

Preference 1

Preference 2

| | |
|--------------|--------------|
| 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 **Living Trust**-centered Estate Plan instead of a **Will**-centered Plan is a good option for privacy and flexibility.

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

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

7. 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?

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

8. List all children, grandchildren, relatives, friends, and charities that you wish to receive from your estate. Please indicate any special bequest you wish to make - such as a gift to a friend, or a gift of a particular piece of jewelry to a particular child?*

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

YOUR ESTATE PLANNING GOALS:

In your own words, 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” or “I want to give to my favorite charity.”

Thank you for choosing the Meyring Law Firm for your Estate Planning needs.

* Please use above space to give more detailed answers and descriptions of the gifts to be made through your Will or Trust.