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QUESTIONNAIRE FOR LAST WILL AND TESTAMENT

Please complete to the best of your ability. You may e-mail the completed questionnaire and any questions you may have to supportstaff@fcwlawfirm.com or fax to 770-720-3030.

1. Your full name: _____

Home address: _____

Telephone Number: _____ E-mail: _____

2. Your spouse's full name: _____

3. Do you have children? _____ If so, please list below:

a. _____ Date of Birth _____

b. _____ Date of Birth _____

c. _____ Date of Birth _____

d. _____ Date of Birth _____

4. Whom would you prefer to select as Executor (and alternate) of your will? (This person must carry out the directions in your will, dispose of the property, collect debts, adjust claims and distribute the assets of your estate.)

Name	Relation	Address

(Alternate) Name	Relation	Address

(Alternate) Name	Relation	Address

5. Does the value of your estate exceed \$2,000,000? _____
If so, what do you estimate the approximate value of your estate to be? _____

6. Does your estate include real property? If so, please describe the property and indicate where it is located? (County, State)

7. Do you plan to leave your entire estate to your spouse? _____

If not, please summarize your thoughts about the person(s) or entity(s) to whom you may wish to leave your estate.

8. In the event that you and your spouse are both deceased, whom do you select to serve as Guardian (and alternate) for your minor children? (This person will assume the daily duties of raising your children.)

Name	Relation	Address
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(Alternate) Name	Relation	Address
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9. Most of our clients desire that if a minor or young adult inherits assets under their will, a trust be established to hold such assets until the heir reaches a certain age at which time they might be more mature. Do you wish to include such an arrangement in your will? _____ If so, who do you desire to designate as your Trustee and Successor Trustee(s)?

Name	Relation	Address
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(Alternate) Name	Relation	Address
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Assuming trust funds are established for any persons, at what age do you wish trust funds to be distributed? _____

10. In the event your spouse *and* your children do not survive you, how do you want your property distributed?

11. Do you wish to be buried or cremated? _____

If you wish to be buried, do you have a burial plot picked out? _____

If so, where is it located? _____

Please provide any additional details you wish to provide concerning disposition of your remains.

12. In the event that you have a life insurance policy, IRA, 401(k), or other asset which allows you to designate a beneficiary and/or secondary beneficiary(s), if you prefer for the assets to be held in trust for the benefit of your minor children beyond the age of 18, a Short Form Living Trust is the appropriate vehicle for accomplishing that objective. Do you wish to include a short form living trust in your estate plan? _____

If so, who do you designate as your Trustee and Successor Trustee(s)?

Name	Relation	Address
(Alternate) Name	Relation	Address
(Alternate) Name	Relation	Address

If so, at what age would you prefer that such a trust be dissolved (in other words, at what age do you believe your heirs will be responsible enough to manage assets without oversight?)

13. Do you want a Financial Durable Power of Attorney? _____ (This allows you to select someone to make financial decisions for you in the event you are incapacitated.) If so, whom do you select as your agent?

Name	Relation	Mailing Address
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E-Mail Address	Phone Number
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(Alternate) Name	Relation	Mailing Address
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E-Mail Address	Phone Number
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14. Do you want a Healthcare Durable Power of Attorney and Advanced Directive? _____ (This allows you to select someone to make decisions governing your health in the event you are incapacitated. If so, whom do you select as your agent?)

Name	Relation	Address
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(Alternate) Name	Relation	Address
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