

C. Glenn Cook, Jr.
Attorney at Law
2900 Paces Ferry Road, NW
Suite C-2000
Atlanta, Georgia 30339
Office: (770) 433-2122 FAX: (770) 433-2917

CONFIDENTIAL ESTATE PLANNING WORKSHEET

Estate planning is one of the best gifts you can give to your family and loved ones. This worksheet will help you timely organize information for that contribution.

Getting Started. Please take the small amount of time necessary to read over and complete this worksheet (view this task as an investment for your family). Be sure to discuss with your spouse the dual representation waiver to avoid conflict later. When complete, return the worksheet and other documents where required to my office via FAX or U.S. Mail. Should you have any questions or concerns, please feel free to call my office.

Children and/or other family members:

Name	Birth date	Marital status	Address, if different
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you planning on having any more children? Yes No

Are any of your children deceased? Yes No

Do you or your spouse/other have any child support or alimony obligations? Yes No

If yes, please explain:

Are you supporting any persons other than your spouse or children? Yes No

If yes, please explain:

Do you or your spouse have any health concerns? Yes No

If yes, please explain:

Do any of your children or other beneficiaries have any disabilities/special needs you would like to address? Yes No

If yes, please explain:

Are either you or your spouse the beneficiary of any trust? Yes No

If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or nonmarketable? Yes [] No []

If yes, please explain briefly:

During the last 36 months, have either you or your spouse made any large gifts (\$10,000 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? Yes [] No []

If yes, please list each action and explain when and why the transfer was made:

FAMILY FARM/FAMILY OWNED BUSINESS

Do you have a farm or family-owned business? [] Yes [] No

ADMINISTRATION OF YOUR ESTATE

EXECUTOR(S): The executor is the person(s) named under your will to handle the administration and probate of your estate. Probate involves petitioning a Court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. You should select adult family members or responsible friends. Although Co-Executors can be named, it is not usually recommended because conflicts can arise between executors that will complicate the administration of your estate. Whom do you wish to name?

1st choice: Name(s) _____

Address(es): _____

Telephone(s): _____

Relationship: _____

2nd choice: Name(s) _____

Address(es): _____

Telephone(s): _____

Relationship: _____

Do you want the Trustee to have the power to dissolve the trust if it becomes uneconomical to maintain?

Do you want the trustee to exercise this power only if the trust is below a specific amount?

If so, what amount? \$_____ (\$5,000, \$ 50,000)

LIVING WILL: A Living Will is separate from your will and allows your authorization for the withholding or withdrawing of life-sustaining procedures in the event that you are diagnosed as having a terminal condition, in a coma, or in a persistent vegetative state with no reasonable expectation of regaining cognitive function and cannot communicate your desires. It is a statement of your right to refuse treatment and is effective until your revoke it.

Do you want a Living Will? Yes No

If you wish the withholding of life-sustaining procedures, do you wish to withhold:

- nourishment and hydration
- nourishment but not hydration
- I wish to receive both nourishment and hydration
- I wish to receive pain relieving medications
- I wish to live out my last days at home rather than in a hospital
- I wish to make anatomical gifts of part or all of my body for medical purposes.

POWER OF ATTORNEY FOR HEALTH CARE: Another important document is the Power of Attorney for Health Care. You may execute this in addition to or instead of your Living Will. The purpose of the Power of Attorney for Health Care is to name another person to make health care decisions for you in the event that you become unable to communicate your desires. It also gives your agent access to your medical information and authority to fully participate with your treating physician in deciding the care you receive. The person you designate as your agent should be someone you trust with life and death decisions.

Do you want a Power of Attorney for Health Care? Yes No

Do you want you spouse to act as your agent? Yes No

Please name successive agents:

1st choice: Name(s) _____

Address(es): _____

Relationship: _____

2nd choice: Name(s) _____

Address(es): _____

Relationship: _____

I request cremation of my remains: Yes No

Do you want a Financial Power of Attorney? Yes No

FINANCIAL POWER OF ATTORNEY: Your will enables you to dispose of property after you die. While you are still alive, you have the right to decide what happens to your property as long as you are of sound mind. If you become incapacitated and cannot make sound decisions, a Financial Power of Attorney is a written authorization that allows someone to act on your financial behalf. A *springing financial power of attorney* can take effect when you become unable to manage your own personal and financial affairs. A *durable financial power of attorney* becomes effective the day you sign the authorization. It is important to name someone you trust impeccably as your agent since the agent will have great authority over your financial affairs.

If yes, do you desire a springing financial power of attorney durable financial power of attorney

Do you want your spouse to act as your agent? Yes No

Please name successive agents:

1st choice: Name(s) _____

Address(es): _____

Telephone(s): _____

Relationship: _____

2nd choice: Name(s) _____

Address(es): _____

Telephone(s): _____

Relationship: _____

Can the person(s) named as your agent transfer assets to themselves? Yes No

DISTRIBUTION OF PROPERTY ON DEATH

REAL ESTATE

Do you own real estate jointly with your spouse? Yes* No

Describe:

Do you own real estate other than jointly with your spouse? Yes* No

Describe:

How do you wish to give your real estate?

*Please provide copies of your real estate deeds

PERSONAL EFFECTS AND TANGIBLE PERSONAL PROPERTY

How do you wish to give your personal property?

All to spouse if s/he survives me, then to my children and issue.

Specific items to specific individuals (please list on the back of this page a detailed list of the items, beneficiaries, and relationship to you)

To pass with the rest of my estate (residuary)

Other (please explain):

SPECIFIC BEQUESTS

List specific bequests you wish to make, if any, to individuals, charities, or other organizations, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to a successor or if the gift is to become part of the residue of your estate.

1.

2.

3.

RESIDUARY ESTATE

Your residuary estate is whatever property that remains after paying debts, expenses of administration, and specific bequests. Because many people do not make specific bequests, the residuary usually describes all the property left to your beneficiaries.

To whom do you wish to leave your residuary estate?

- All to my spouse if he/she survives me, and if not, then to my children and issue
- All to one specific beneficiary other than my spouse
- To more than one beneficiary

If you have more than one beneficiary, are they:

- Specific people who are to share equally (please name)
- A group of people described as a class (e.g., "my brothers and sisters") who are to share equally
- Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% to each of two others)
- Other (please explain):

If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

- 18
- 21
- some other age (please indicate the age): _____ (if greater than 21, a trust may be required)

DISTRIBUTION TO MINOR CHILDREN

With regard to minors who may inherit under your will, do you want their gifts to be:

- Paid at the election of the Executor (the Executor may pay the child some or all of the gift, at various times, as the Executor sees fit)
- Held in trust until the child is no longer a minor.

If you do establish a trust, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or ⅓ at age 21, ⅓ at 25, and ⅓ at 35. You may use any age or combination of ages that you choose. At what age should the beneficiaries receive their gifts free of trust?

IF A CHILD OF YOURS PREDEACES YOU

Would you like their children (your grandchildren) to receive your deceased child's distribution? Yes
 No

If "yes," should they receive it outright or in trust when they reach _____ years of age?

SIMULTANEOUS DEATH

Desired disposition of estate in the event you, your spouse and your descendants die simultaneously:

- Example:*
1. Your heirs
 2. Specific named individuals
 3. A specific charity

- 1.
- 2.
- 3.

DISINHERITANCE

Do you wish to disinherit an individual or group of people? Yes No

1. Name: _____
Relationship: _____
Explanation: _____
2. Name: _____
Relationship: _____
Explanation: _____

ASSETS AND LIABILITIES

VALUE OF ESTATE: To determine what type of plan is appropriate for you, an estimate of the value of your estate is needed. Please include the value of all of the property owned in your own name, and if married, the value of your spouse's property. If any of the property secures a debt (e.g., a mortgage on your house, loan on your car, etc.), include only the equity value of that property. Also include the value of your life insurance policies (whole, universal or term).

Approximate value of your estate (not including life insurance): \$ _____

Approximate value of your spouse's estate (not including life insurance): \$ _____

Value of life insurance (self and spouse): \$ _____

Total value of both your and your spouse's estate including life insurance: \$ _____

NOTE: If you think the value of your estate exceeds \$2.0 million, it may be subject to estate taxes; complete the **ADDENDUM FOR ASSETS AND LIABILITIES** *only* if your estate exceeds this amount.

LEGAL

	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

Accountant/CPA: _____

Primary Physician: _____

Attorney: _____

I am the legally appointed guardian of: _____

I have been appointed under a power of attorney from: _____

I am serving as executor or administrator of an estate: _____

I am involved in a lawsuit: _____

ADDENDUM FOR ASSETS AND LIABILITIES

Please complete and return if your estate exceeds \$2.0 million

Approximate value of the following:

- Family residence
Value: _____
How held (separate or joint): _____

- Other real estate
Value: _____
How held: _____

- Household furniture and furnishings _____

- Household effects of special value (such as china, silver, art works, antiques, collections, etc.) _____

- Automobiles
Year: _____
Make: _____
Value: _____

Year: _____
Make: _____
Value: _____

- Bank savings or money market accounts
Acct. No. _____
Acct. No. _____
Acct. No. _____

- Bank checking accounts
Acct. No. _____
Acct. No. _____

- Bank certificates of deposit
Acct. No. _____
Acct. No. _____

- Mutual funds
Acct. No. _____
Acct. No. _____

- Stocks and bonds :

_____	_____
_____	_____
_____	_____
_____	_____

- IRAs, Keoughs, 401(k) plans, annuities, etc.:

_____	_____
_____	_____

- Business interests (such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc .) Describe:

- Other assets (other than life insurance): _____

List life insurance on you or your spouse, specifying for each policy whether it is a whole life or term policy, the owner, the beneficiary, the face amount of the policy, and its cash surrender value (less outstanding loans) if any:

KIND	OWNER	BENEFIC.	FACE AMT.	CASH VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do either you or your spouse expect to inherit significant property or have a power of appointment under anyone else's will or trust? Yes [], No []

If yes, please explain:

What is the total amount of your outstanding liabilities? _____

Have you ever filed an IRS Form 709 "U.S. Gift (and Generation-Skipping Transfer) Tax Return"?

Are you or your spouse/other a participant in a retirement plan? Yes No

If yes, please provide information regarding the type of plan, current value, beneficiary designation, etc. for both you and your spouse:

Please provide any other information relating to your assets or liabilities that may impact your estate plan: