



**The Law Office of
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**ESTATE PLANNING
QUESTIONNAIRE**

PERSONAL AND FAMILY DATA

Client 1

Your name (as you would like it to appear in documents) _____

Address _____

State of residence _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Social Security Number _____

Date of birth _____ Place of birth _____

Marital status: Married / Divorced / Widowed / Single

U.S. Citizen: Yes / No If no, visa status _____

Spouse's name _____ Date of death (if applicable) _____

Spouse's address (if different than yours) _____

Spouse's telephone numbers (H) _____ (C) _____

Following your death, would you prefer your body be cremated or buried? _____

Do you have special requests or pre-existing funeral arrangements? Please describe _____

Client 2

Your name (as you would like it to appear in documents) _____

Address _____

State of residence _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Social Security Number _____

Date of birth _____ Place of birth _____

Marital status: Married / Divorced / Widowed / Single

U.S. Citizen: Yes / No If no, visa status _____

Spouse's name _____ Date of death (if applicable) _____

Following your death, would you prefer your body be cremated or buried? _____

Do you have special requests or pre-existing funeral arrangements? Please describe _____

Children

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone number:(_____) _____

Birthdate: _____ Sex: Male / Female

Spouse's name: _____

Grandchildren: Name _____ Age _____

Name _____ Age _____

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number:(_____) _____

Birthdate: _____ Sex: Male / Female

Spouse's name: _____

Grandchildren: Name _____ Age _____

Name _____ Age _____

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number:(_____) _____

Birthdate: _____ Sex: Male / Female

Spouse's name: _____

Grandchildren: Name _____ Age _____

Name _____ Age _____

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number:(_____) _____

Birthdate: _____ Sex: Male / Female

Spouse's name: _____

Grandchildren: Name _____ Age _____

Name _____ Age _____

Comments: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number:(_____) _____

Birthdate: _____ Sex: Male / Female

Spouse's name: _____

Grandchildren: Name _____ Age _____

Name _____ Age _____

Comments: _____

Brothers and Sisters of Client 1

Name	Marital Status	No. of Children
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brothers and Sisters of Client 2

Name	Marital Status	No. of Children
------	----------------	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS

Tangible personal property (includes but is not limited to artwork, furniture, household goods, automobiles, etc.) Include the name of who you would like to receive each item.

Intangible Personal Property (includes any property including, but not limited to, bank accounts, investment accounts, stocks, etc.) Include the name of who you would like to receive each item.

Account	How Titled	Approximate Value

Real Property (includes real property owned as the sole owner, or held jointly) Include the name of who you would like to receive each item.

Address	How Titled	Approx. Value	Mortgage Balance

Address	How Titled	Approx. Value	Mortgage Balance

PATTERN AND TIMING OF DISTRIBUTION, NOMINATIONS OF FIDUCIARIES

Primary beneficiaries of the Will

Name, relationship, share of estate (or cash distribution)

- 1) _____ if deceased, to children__ or other beneficiaries__
- 2) _____ if deceased, to children__ or other beneficiaries__
- 3) _____ if deceased, to children__ or other beneficiaries__
- 4) _____ if deceased, to children__ or other beneficiaries__

Timing of Distribution

Minimum age of beneficiaries for receiving property (e.g. all at 21, 1/2 at 18 and half at 21, etc.)

Special Distributions

Are there any special distributions or provisions that you want to include? (i.e. a donation to a favorite charity, a monetary gift to a special friend or relative, someone to care for pets, etc.) Any special gift that you wish to make (i.e a wedding ring, family heirlooms, etc.)

Contingent Beneficiaries of the Will

Name, relation, share of estate (or cash distribution)

- 1. _____ if deceased, to children__ or to other beneficiaries__

2. _____ if deceased, to children__ or to other beneficiaries__

3. _____ if deceased, to children__ or to other beneficiaries__

4. _____ if deceased, to children__ or to other beneficiaries__

5. _____ if deceased, to children__ or to other beneficiaries__

Personal Representatives for Will

Executor(s) _____

1st alternate _____

2nd alternate _____

Trustees and Guardians for Minor Children

Guardian(s)/ Trustee(s) _____

1st alternate _____

2nd alternate _____

For Advance Directive for Healthcare

Agent(s) _____

1st alternate _____

2nd alternate _____

**ADDRESSES AND PHONE NUMBERS OF PERSONAL REPRESENTATIVES,
TRUSTEES, GUARDIANS, AND HEALTHCARE AGENTS**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number:(_____) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:(_____) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:(_____) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:(_____) _____

Relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number:(_____) _____

Relationship: _____

It is my understanding that I have no sort of attorney-client relationship, other than the attorney's duty of confidentiality, until I am provided with the "ESTATE PLANNING CLIENT ENGAGEMENT AGREEMENT," by The Law Office of Benjamin D. Brubaker.

____/____/____

Client Signature

Client's printed name