

**WATSON SPENCE LLP  
320 W. Residence Avenue  
Albany, Georgia 31701**

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**ESTATE PLANNING DATA FORM**

Date \_\_\_\_\_

**PART I. GENERAL INFORMATION**

HUSBAND

WIFE

1. Full Names: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_

4. Employer: \_\_\_\_\_

5. Office Address: \_\_\_\_\_

6. Office Phone: \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Social Security #: \_\_\_\_\_

9. Date of Marriage: \_\_\_\_\_

10. How long have you lived in Georgia? \_\_\_\_\_

11. In what other states have you resided? \_\_\_\_\_  
When? \_\_\_\_\_.

12. Children and Other Dependents (including persons who are partially or wholly dependent upon one or both of you for support now or possibly in the future):

Full Name of Child      Date of Birth Married?Y/N # of children Residence (City, County, State)

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13. Do you contemplate the birth or adoption of another child?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

PART II. **PLAN OF WILL**

14. Briefly describe to whom you wish to leave your property (e.g. your immediate family only? your grandchildren? other relatives and friends? charitable bequests?)

All to spouse, then to children? \_\_\_\_\_

Other Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If neither you nor your spouse is living, would you be interested in a trust to hold assets for the benefit of your children until they reach a certain minimum age? \_\_\_\_\_ . If so, would you like the children to receive the trust assets all at once or in installments (i.e., half at 25 and half at 30)? \_\_\_\_\_ .

15. Please list the full name of your first, second and possibly third choice of any person or bank whom you would consider appointing in your Will to serve in the following capacities, if applicable (you can have Co-Executors or Co-Trustees):

	Name	Residence (City, County, State):
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Executor(s):	(1) _____	_____
	(2) _____	_____
	(3) _____	_____

Trustee(s):	(1) _____	_____
	(2) _____	_____
	(3) _____	_____

Guardian (if child under 18):

	(1) _____	_____
	(2) _____	_____
	(3) _____	_____

Committee to appoint Executors/Trustees/Guardians should all the named persons not serve (ideally this should include at least one person not already named as Executor/Trustee/Guardian): \_\_\_\_\_

16. Do you foresee any radical fluctuation in your income in the next five years, including salary bonuses? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

17. Do you foresee any radical change in your total net worth in the next five years? Source?

\_\_\_\_\_

18. Are you the beneficiary of any trust? \_\_\_\_\_ Have you ever created a trust? \_\_\_\_\_ If either answer is yes, please explain:

\_\_\_\_\_

19. Are you aware of your right to give away up to \$13,000 to as many individuals as you choose, tax free, each year? \_\_\_\_\_ Have you ever filed a federal gift tax return? \_\_\_\_\_ If you have ever made significant gifts to children or others, please explain:

\_\_\_\_\_

20. If you or your spouse has been previously married, list resulting obligations.

\_\_\_\_\_

	Husband	Date	Wife	Date
21. Do you currently have a:	(yes/no)	Executed	(yes/no)	Executed
Will	_____	_____	_____	_____
Living Will	_____	_____	_____	_____
Power of Attorney for Property	_____	_____	_____	_____
Durable Power of Attorney for Health Care	_____	_____	_____	_____

If you do not have property/health care powers of attorney or if you need updated documents, who would you wish to name as 1st, 2nd (or more) choice of agent for both types and what are their addresses and phone numbers?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT DOCUMENTS  
TO BRING TO INITIAL MEETING**

It will be helpful for you to bring to our conference copies of as many of these documents as are available to you and applicable to your situation:

- (a) Any current wills, powers of attorney for property, living wills, and durable powers of attorney for health care;
- (b) Life Insurance and annuity policies (or summary of value/ownership/beneficiary designations);
- (c) Deeds to real property;
- (d) Summary and Beneficiary designations for any IRA's or profit sharing, Pension, Keogh, 401(k) or 403(b) retirement plans;
- (e) Trust agreements to which you are a party or a beneficiary;
- (f) Financial statements, showing form of ownership (including percentage owned, joint tenancy, etc., if applicable) and type of asset or liability; and
- (g) Any other documents you think might be of significance.

PART III. **FINANCIAL INFORMATION**

We ask you to summarize your assets, liabilities and net worth below, including, if applicable, whether they are titled in your name, your spouse's name, or held jointly.

ASSETS

	Titled in the name of:		
	<u>Husband</u>	<u>Wife</u>	<u>Joint Tenancy</u>
A. Market value of stocks and bonds	\$ _____	\$ _____	\$ _____
B. Cash equivalents	\$ _____	\$ _____	\$ _____
C. Net Value of home(s)	\$ _____	\$ _____	\$ _____
D. Net Value of real estate	\$ _____	\$ _____	\$ _____
E. Value of business/prof. practices	\$ _____	\$ _____	\$ _____
F. Other Assets (IRA's, Retirement Plans, Annuities)	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
	Husband	Wife	Joint

LIABILITIES

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Non-Mortgage Bank loans	\$ _____	\$ _____	\$ _____
Insurance Policy Loans	\$ _____	\$ _____	\$ _____
Other indebtedness:	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____
	Husband	Wife	Joint

NET WORTH/NET ESTATE CALCULATIONS

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Total Assets (above)	\$ _____	\$ _____	\$ _____
MINUS Total Liabilities (above)	- _____	- _____	- _____
<b>NET WORTH</b>	\$ _____	\$ _____	\$ _____
PLUS Face value of life insurance	+\$ _____	+\$ _____	+\$ _____
<b>GROSS VALUE OF TAXABLE ESTATE</b>	+\$ _____	\$ _____	\$ _____
MINUS Federal and State Estate Taxes (PLEASE LEAVE BLANK)	-\$ _____	-\$ _____	-\$ _____
<b>NET ESTATE (leave blank)</b>	\$ _____	\$ _____	\$ _____
	Husband	Wife	Joint