



Emert Law Firm
estate planning, real estate, business

ESTATE PLANNING WORKSHEET (MARRIED)

THIS QUESTIONNAIRE WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. **ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

So that we may be adequately prepared to advise you, please return this completed worksheet to our office at least 24 hours prior to your scheduled appointment:

Email: planning@emertlaw.com

Fax: (770) 932-5195

US Mail or hand delivery:

Emert Law Firm, LLC

Attn: Client Service Coordinator

2675 Mall of Georgia Blvd.

Suite 601

Buford, GA 30519

Emert Law Firm, LLC

◆ 2675 Mall of Georgia Blvd. | Suite 601 | Buford, GA 30519 ◆ Phone: 678.288.2010 ◆ Fax: 770.932.5195

[PART A: TO BE COMPLETED BY CLIENT PRIOR TO INTERVIEW]

Please complete and return to ~~US Mail~~ Mail, Fax or email at least 24 hours prior to your scheduled interview to a to be fully prepared to advise you.

PERSONAL INFORMATION

HUSBAND's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Cell/Home Phone _____ Business Phone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____ Divorced Widowed Single

WIFE's Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

County of Residence _____ Cell/Home Phone _____ Business Phone _____

Employer _____ Position _____

Email Address _____ It is okay to communicate with me via my E-mail address.

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use JT if both spouses are the parents, H if husband is the parent, W if wife is the parent, parent if you name a family member other than a child below, please provide your relationship to them in the Parent?

Name	Birth date	Parent?
_____	_____	_____
Male Female Comments: _____		
_____	_____	_____
Male Female Comments: _____		
_____	_____	_____
Male Female Comments: _____		
_____	_____	_____
Male Female Comments: _____		
_____	_____	_____
Male Female Comments: _____		

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

YOUR CONCERNS

Please rate the following as to how important they are to you:
(**H** high concern, **S**ome concerned, **L**ow concern, **N/A** no concern or not applicable)

Description	Level of Concern
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting a spouse.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting a family member	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death	_____
Avoiding a conservatorship (“living probate”) in case of a disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children’s inheritance from the possibility of failed marriages.	_____
Protect children’s inheritance in the event of a surviving spouse’s remarriage.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____
Other Concerns (Please list below):	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe _____		
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? Please furnish a copy		
If married have you and your spouse signed a pre- or post-marriage contract? Please furnish a copy		
Have you (or your spouse) been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy		
Have you (or your spouse) ever filed federal or state gift tax returns? Please furnish copies of these returns		
Have (you or your spouse) completed previous will, trust, or estate planning? Please furnish copies of these documents		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please explain below		
Are there any other charitable organizations you wish to make provisions for at the time of your death? If so, please explain below		
If married, have you lived in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin		
Are you (or your spouse) currently the beneficiary of anyone else's trust? If so, please explain below.		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION
