



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

	<i>Total</i>		

(indicate type below and give a lump sum value for miscellaneous)

		<i>Total</i>	

Do not include IRA's or 401(k)'s here. indicate type below).

		<i>Total</i>	

type below)

(indicate

Total _____

Total _____

Total _____

Total _____

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Total _____

Total estimated value _____

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Total

