

WILLS INTAKE: ANDREA CONARRO

ALL INFORMATION PROVIDED ON THIS FORM IS PRIVILEGED AND CONFIDENTIAL

I will use the information provided on this form to prepare the documents you have requested.

If you have any questions, please call our office: 706-867-8226.

YOU

Date: _____

Your Full Name: _____
First Middle Last (No Initials Please)

Are you known by any other name? Yes No _____
↑If yes, please write your other name here ↑

Your Home Address: _____

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

County of Residence: _____ **State of Residence:** Georgia Other

Date of Birth: _____

Are you a U.S. Citizen? Yes No

Are you currently married? Yes No **Are you currently separated?** Yes No

If you are married, do you want a divorce? Yes No

Have you ever been married before? Yes No Divorced Widowed

Are either of your parents living? Yes-Father Yes-Mother No

Do you have any living brothers or sisters? Yes No

YOUR SPOUSE

Spouse's Full Name: _____
First Middle Last (No Initials Please)

Is your spouse known by any other name? Yes No _____
↑If yes, please write spouse's other name here ↑

Spouse's Date of Birth: _____

Is your spouse a U.S. Citizen? Yes No **Spouse's Residence:** Georgia Other

Other states where you and your spouse have lived since your wedding: _____

Was your spouse married previously? Yes No Divorced Widowed

Are either of your spouse's Parents living? Yes-Father Yes-Mother No

Does your spouse have any living brothers or sisters? Yes No

YOUR CHILDREN AND DEPENDENTS

Do you have any living children? Yes No Any Deceased children? Yes No

Do you have any living grandchildren? Yes No

Will you have or adopt children or additional children in the future?

Currently Expecting Adoption in Progress Maybe Later No

Please list each child (or other person for whom you provide care and support) and check each item that applies. (Please check all that apply; Attach additional sheet if necessary)

Child's Full Name: _____ Date of Birth: _____ Age: ____

Yours and Spouse's Yours Spouse's Lives at home Lives somewhere else

Child's Full Name: _____ Date of Birth: _____ Age: ____

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Yours and Spouse's Yours Spouse's Lives at home Lives somewhere else

BURIAL AND CREMATION

It is traditional to state in your Will your desires about burial and cremation. Please note, however, that since your Will may not be read until after your funeral, you should make sure that your loved ones know your desires while you are still living, to make sure your wishes are followed. Also, if you have an Advance Directive for Health Care, your agent under the Advance Directive for Healthcare has authority to decide what happens to your remains.

Do you have preference with regard to burial or cremation? Yes No

Burial Where? _____

Cremation Ashes disposed of as follows _____

Ashes scattered or otherwise disposed of as directed by _____

YOUR HOME OR LAND

Do you own your home or land? Yes No **Value:** \$ _____ **Mortgage** \$ _____

Does anyone else own your home or land with you? Yes No

If yes, who owns the home or land with you? _____

Who should receive your home or land at your death? _____

What if that person does not survive you, who should get it next? _____

TANGIBLE PERSONAL PROPERTY
Tangible Personal Property includes personal effects, furniture, clothes, cars, collections, jewelry, electronics, knick-knacks, and so forth, as distinguished from money, bank accounts, stocks, bonds etc.

Who should receive your tangible personal property? _____

What if that person does not survive you, who should get it next? _____

Do you want to give any specific gifts of any particular personal property? Yes No
(If “yes”, please attach a separate list, showing the item and the person who should get the item.)

REMAINDER OF PROPERTY
This is the section of your Will that disposes of your money, investments, and any other property that is not specifically dealt with in earlier sections of your Will.

Who should receive the rest of your property? _____

What if that person does not survive you, who should get it next? _____

If none of your named beneficiaries survive you, who should receive your property?

House of worship or other charity *(Please specify):* _____

Other *(Please specify):* _____

The persons who would inherit from me under Georgia law if I died without a Will:

1. To your Spouse, if you have no children,
2. To your Spouse and children in equal shares (but your Spouse gets 1/3),
3. To your children, if you have no spouse,
4. To your parents who survive you,
5. To your brothers and sisters,
6. To your grandparents who survive you,
7. To your aunts and uncles who survive you, followed by your closest next of kin,
8. To the County Education Fund if no other family survives you.

EXECUTOR

Your *Executor* is the person who will carry out the instructions in your Will. Any individual who is over the age of 18 may serve as an Executor of an estate. Your spouse may serve as Executor, but that is not required. An Executor does not have to live in the same state as you, but it will be much easier for a local Executor to administer your estate than for an Executor who lives someplace else. Many banks will serve as Executor, but they charge a fee for doing so. Your Executor need not be a lawyer or a financial expert, but your Executor has very broad powers with regard to your property, and therefore should be someone who is **intelligent** enough to ask for help from professionals when needed (accountants, lawyers, investment advisors, etc.), is **honest** and completely trustworthy, and is **responsible** enough to “get things done” and see them through to completion.

Who should be your Executor? *(Please list in order of preference)*

First: _____ Relationship: _____ City/State: _____
Second: _____ Relationship: _____ City/State: _____
Third: _____ Relationship: _____ City/State: _____

REPORTS AND BOND

The law provides that your Executor must file **periodic reports** to the probate court showing the assets in your estate, income to the estate, distributions, etc., so that the court can supervise the Executor’s activities, *unless* you direct that reports are not necessary. Likewise, the law also requires that an Executor post a **bond** (a type of insurance policy) with the probate court to protect the estate from theft or mismanagement by the Executor, *unless* you direct that a bond is not necessary. Reports and bonds provide extra protection against a dishonest or careless Executor, but they also substantially increase the work of the Executor and the cost of administering the estate. In most cases, where the Executor is a trusted relative or friend, the Executor is not required to file reports and posting bonds.

Do you want to require Reports and Bonds?

- No**, reports and bonds are not necessary. I am comfortable with the Executor acting without any supervision from the court, and am willing to accept the risk that the estate may suffer a loss that could have been prevented by court supervision and/or a bond.
- Yes**, reports and bonds should be required, I want my Executor to be closely supervised.

TRUSTS

For any child, grandchild or other beneficiary under age 18 who might receive any money or real estate, we recommend that you establish a trust, to allow an adult to hold the property for the beneficiary until the beneficiary is grown. Also, any adult who cannot manage his or her own affairs may need a trust. If any minor or adult beneficiary suffers from any medical condition (including mental disorders) for which he or she is receiving government assistance, it may be necessary to create a “special needs” trust that will benefit the individual without disqualifying him or her from eligibility for such programs.

Your *Trustee* is the person who will be responsible for any property held in trust until it is distributed outright to the beneficiary. The Trustee may be the same person as your Executor, which is probably the most efficient, but they need not be the same. The Trustee must have all of the same attributes as the Executor, such as being **intelligent, trustworthy and responsible**. Additionally, the Trustee will make decisions about when and in what amounts distributions of income and principal will be made to the beneficiary.

Do you want to set up a trust for any children or grandchildren who are under age 18, or for anyone else?

Yes, hold property of any **child or grandchild** in trust and distribute income and principal to the child as needed for child’s health, education, maintenance and support.

Distribute the remainder of the trust outright to the child at age:

18 21 25 Other: _____

Distribute in installments at the following ages:

½ at age _____; the rest at age _____

Yes, hold property in trust for the following **adult(s)**: _____

Who should be your Trustee? *(Please list in order of preference)*

First: _____ Relationship: _____ City/State: _____

Second: _____ Relationship: _____ City/State: _____

Third: _____ Relationship: _____ City/State: _____

Do you want to require Reports and Bonds, or should the Trustee be relieved of those?

No, reports and bonds are not necessary. I am comfortable with the Trustee and no supervision is necessary, and I am willing to accept the risk that the trust may suffer a loss that could have been prevented by court supervision and/or a bond.

Yes, reports and bonds should be required, I want my Trustee to be supervised.

TESTAMENTARY GUARDIAN AND CONSERVATOR FOR CHILDREN

You have the right to name a **Guardian** to care for any child who is under 18 at the time of your death. Usually, this only applies if your surviving spouse is not the child's other parent. The Guardian and Conservator may be the same person as Executor or Trustee, but may also be someone different. You should choose a Guardian on the basis of who will provide the best home and environment for your children. If the child's other parent is alive and you name someone else as Guardian, the other parent can override your choice as long as his or her parental rights have not been terminated. Nevertheless, if you desire to name someone else as Guardian, you should still do so, because the other parent might not object to your choice, and in the event of a dispute over guardianship of the child, the court deciding the issue will have the benefit of knowing your choice for Guardian.

You have the right to name a **Conservator** to manage any property your child inherits from you. You should choose a Conservator based on who best qualified to take care of the child's property and money. If the child's other parent is alive and you name someone else as Conservator, the other parent *cannot* override your choice.

The Guardian and Conservator can be the same person.

Who should be the Guardian for your children? *(Please list in order of preference)*

First: _____ Relationship: _____ City/State: _____

Second: _____ Relationship: _____ City/State: _____

Third: _____ Relationship: _____ City/State: _____

Do you want the Conservator to be the same person as the Guardian? Yes No

If not, who should be the Conservator for your children? *(Please list in order of preference)*

First: _____ Relationship: _____ City/State: _____

Second: _____ Relationship: _____ City/State: _____

Third: _____ Relationship: _____ City/State: _____

GUARDIAN AND CONSERVATOR FOR CHILDREN

It is a good idea to also nominate a Guardian and Conservator in a separate document called a "Nomination of Guardian and Conservator". Do you want this document? Yes No

Do you want to nominate the same people that you listed above? Yes No

If not, who should be Guardian? _____

And who should be Conservator? _____

STANDBY GUARDIAN FOR CHILDREN

Georgia law permits you to designate in advance who should be responsible for the care of your children (under age 18) in the event that ***you are still living*** but cannot care for them yourself, as might be the case if you get sick or are in a serious accident. The **Designation of Standby Guardian** allows the named standby guardian, for a limited period, to exercise all of the authority over your children as a permanent guardian.

This document is effective only if and when your doctor states in writing that you are unable to care for the children. This form of guardianship is only valid for four (4) months, and if you are still unable to care for the children after that time, a permanent or longer term Guardian must be appointed by the probate court.

The purpose of this document is not to take children away, but to give legal authority to someone else to care for the child, seek medical attention for the child if needed, register the child for school, etc.

If the child's other parent is living, you must obtain the other parent's consent to the designation, unless the other parent is dead, has had his or her parental rights terminated, or cannot be found.

Do you want a Designation of Standby Guardian? Yes No

If so, what is the status of the child's other parent?

Dead Missing Parental Rights Terminated Available, will need consent

If consent is needed, what is the name, address, and telephone number of the other parent?

Name

Street Address, City, State Zip Code

Area Code/Telephone Number

FINANCIAL POWER OF ATTORNEY

Your **Financial Power of Attorney** permits your *Agent* to manage all of your financial and property matters if you are unable to do so and, in some cases, even if you are able to do so. Your Agent can sign your checks, buy and sell things for you, pay your bills, etc. **Your Agent will have very broad powers over your property, and should therefore be someone you trust completely.** It is a good idea to pick someone who lives close by or at least in the same city. If you are in an accident, your Agent will have to act quickly. But there is no law that says you must name someone who lives nearby. If there is nobody whom you trust to manage your affairs, you may choose not to execute a Financial Power of Attorney. Your Agent may be the same person as your Executor and/or Trustee or Guardian for children, but that is not required. In the event of your incapacity, the probate court would name a “Conservator” to manage your affairs under close court supervision. The conservatorship process can be time consuming, expensive, and potentially embarrassing, so that process should be relied upon only as a last resort.

Do you wish for me to prepare a Financial Power of Attorney for you?

- Yes**, I want to name an Agent **No**, I want to rely on court ordered conservatorship

Who should be your Agent for your Financial Power of Attorney?

(Please list your choices in order of preference)

First: _____ Relationship: _____
Address, City, State, and County: _____

Second: _____ Relationship: _____
Address, City, State, and County: _____

Third: _____ Relationship: _____
Address, City, State, and County: _____

When should the Financial Power of Attorney become effective?

- Right away.** I am confident my Agent will not try to use the power of attorney unless and until I am disabled, and I don't want my Agent to have to prove my disability to every person with whom he or she deals on my behalf.
- Not until I am disabled.** I am not comfortable with anyone having my power of attorney unless my disability has been established as follows:
- Written statement by an **individual**, sworn under penalty of false swearing, that I am unable to manage my affairs. Name of Individual _____
 - Determined by a **committee** who must agree by majority vote that I am unable to manage my affairs, and are willing to say so in written statement sworn under penalty of false swearing. The committee shall consist of the following persons, or such of the following persons as are available to make this decision: _____, _____, and _____.

**ADVANCE DIRECTIVE FOR HEALTH CARE
(Medical Power of Attorney and Living Will)**

Georgia’s **Durable Medical Power of Attorney for Healthcare** and **Living Will** were combined into one document on July 1, 2007. The new combined document is called the **Advance Directive for Health Care**. Any Durable Medical Power of Attorney for Healthcare or Living Will signed before July 1, 2007 is still valid.

The Advance Directive for Health Care has **three parts**.

Part one of your Advance Directive for Health Care allows you to name an **Agent** to make all health care decisions for you when you can’t or won’t make them yourself. Your Agent can admit you to a hospital, consent to medications or surgery, admit you to a nursing home, or make health care decisions you normally would make. Also, your Agent can make your final arrangements, such as for your burial or cremation. Your Agent under an Advance is authorized to access all of your medical records and other “protected health information” and has the authority to disclose that information to others, even if you are not suffering under any disability. Your Agent should be someone whom you are comfortable having access to that information and who can be trusted not to abuse that authority.

Part two of your Advance Directive for Health Care allows you to express wishes about whether your **treatment preferences**, such as medications, machines, or other medical procedures, when you have a **Terminal Condition** or are in a **State of Permanent Unconsciousness**.

Part three of your Advance Directive for Health Care allows you to nominate someone to be appointed as your **Guardian** if a court determines that you need a guardian.

Do you want to nominate an Agent to make medical decisions for you? Yes No

If “Yes”, who should be your Agent? *(Please list in order of preference)*

1) First Choice: _____ Relationship: _____
Address:

Telephone Number(s):
Cell: _____ Home: _____ Work: _____

2). Second Choice: _____ Relationship: _____
Address:

Telephone Number(s)
Cell: _____ Home: _____ Work: _____

3). **Third Choice:** _____ Relationship: _____ City/State: _____
Address:

Telephone Number(s)

Cell: _____ Home: _____ Work: _____

Do you want to limit your Agent’s authority in any way? Yes No

If “Yes”, please explain: _____

POWERS OF A HEALTH CARE AGENT AFTER DEATH

1. **Autopsy:** Would you like your health care agent to be able to have the power to authorize an autopsy of your body?

Yes No

2. **Organ Donation:** Would you like your health care agent to be able to decide whether to donate all or part of your body for medical purposes pursuant to the Georgia Anatomical Gift Act?

Yes No

3. **Final Disposition Of Your Remains:** Would you like your health care agent to be able to make decisions about the final disposition of your remains?

Yes No

If you answered “No”, who would you like to make the decisions about the final disposition of your body?

Name:

Address:

Telephone Number(s)

Cell: _____ Home: _____ Work: _____

TREATMENT PREFERENCES

Part two of the Advance Directive for Health Care becomes effective *only* if *two (2) physicians*, one of whom must be your attending physician, personally examine you, and *both* physicians certify in writing, based upon conditions found during the course of their respective examinations of you, that you, you have a **terminal condition**, or you are in a **permanent state of unconsciousness**. The definitions of those terms are below:

A **terminal condition**, means I have an incurable or irreversible condition that will result in my death in a relatively short period of time.

A state of **permanent unconsciousness**, which means I am in an incurable or irreversible condition in which I am not aware of myself or my environment and I show no behavioral response to my environment.

Do you want to give instructions about what kind of treatment you should get if you have a terminal condition or are in a state of permanent unconsciousness? Yes No

If you have a terminal condition or you are in a state of permanent unconsciousness as defined above and you can no longer communicate your treatment preferences after reasonable and appropriate efforts have been made to communicate with you, you can chose the following to occur. Please indicate your preference.

Under what conditions would you want your treatment preferences to be effective?
(check all that apply)

___ If I have a **terminal condition**.

___ If I am in a **permanent state of unconsciousness**.

_____ 1. I want my life extended for as long as possible, using all medications, machines, or other medical procedures that in reasonable medical judgment could keep me alive. If I am unable to take nutrition or fluids by mouth, then I want to receive nutrition or fluids by tube or other medical means.

OR

_____ 2. I want my natural death to occur. I do not want any medications, machines, or other medical procedures that in reasonable medical judgment could keep me alive but cannot cure me. I do not want to receive nutrition or fluids by tube or other medical means except as needed to provide pain medication.

OR

_____ 3. I do not want any medications, machines, or other medical procedures that in reasonable medical judgment could keep me except as follows:

Please note that you can make some exceptions to option number three (3) on the next page. Check each statement that you want to apply to option three (3).

Exceptions to option number three (3) on previous page:

These exceptions are optional and you do not need to select any of them.

_____ If I am unable to take nutrition by mouth, I want to receive nutrition by tube or other medical means.

_____ If I am unable to take fluids by mouth, I want to receive fluids by tube or other medical means.

_____ If I need assistance to breathe, I want to have a ventilator used.

_____ If my heart or pulse has stopped, I want to have cardiopulmonary resuscitation (CPR) used.

If you are pregnant and your fetus is not viable, do you want your treatment preferences to be carried out? Yes No

GUARDIANS

You can nominate a person to be your guardian in the event a court decides that a guardian should be appointed. A court will appoint a guardian for you if the court finds that you are not able to make significant responsible decisions for yourself regarding your personal support, safety, or welfare. A court will appoint the person nominated by you if the court finds that the appointment will serve your best interest and welfare. If you have selected a health care agent, you may (but are not required to) nominate the same person to be your guardian. If your health care agent and guardian are not the same person, your health care agent will have priority over your guardian in making your health care decisions, unless a court determines otherwise.

Do you want your health care agent and your guardian to be the same person?

Yes No

If you answered “No” to the question above, whom would you like to nominate as your guardian?

Name: _____

Address:

Telephone Number(s)

Cell: _____ Home: _____ Work: _____

MISCELLANEOUS

Disabilities: Do any of your children or other beneficiaries have any disabilities or medical conditions that require special care? Yes No

Assistance for the Needy: Do any of your children or other beneficiaries get public or government assistance such as Medicaid, Food Stamps, Temporary Assistance to Needy Families (TANF), or other similar assistance? Yes No

Adoption: Are any of your children adopted? Yes No
If Yes, were any of your children 18 years old or older when adopted? Yes No

Out of Wedlock Children: Your Will should state whether you want children or grandchildren born outside of marriage to inherit or receive a share of your property in the same manner as children born within a marriage. The failure to address this issue can lead to expensive lawsuits regarding your estate.

Disinheritance: Is there any child or other person whom you want to take *nothing* from your estate? Yes No

If Yes, Name: _____ Relationship: _____

Will Contest: Do you expect anyone to file a legal challenge to your Will? Yes No

If Yes, Name: _____ Relationship: _____

Executors or Trustees: Is there anyone whom you *do not* want to serve as Executor or Trustee?

Yes No

If Yes, Name: _____ Relationship: _____

SUPPLEMENTAL FINANCIAL INFORMATION

OTHER REAL ESTATE

Do you own any other houses, land or other real estate? Yes No

INSURANCE & FINANCE

Address: _____

Do you own the property with anyone else? Yes No

If "Yes", who owns the property with you? _____

Note: It would be a good idea to ask your employee benefits director for a copy of your insurance benefits and your beneficiary designation, as well as a form to change your beneficiary for each benefit program. I may suggest changing your beneficiary based on what you wish for your estate.

Do you have any life insurance through your job? ___ Yes ___ No

If yes, please list the amount of coverage and the name of the beneficiary.

Benefit Amount: \$ _____ Beneficiary: _____

Benefit Amount: \$ _____ Beneficiary: _____

Do you have any other life insurance? Yes No

If yes, please list the company, policy number, amount of benefit and beneficiary for each policy:

Company Name: _____ Policy Number: _____

Benefit Amount: \$ _____ Beneficiary: _____

Company Name: _____ Policy Number: _____

Note: It would be a good idea to ask each insurance company with whom you have a policy for a copy of your insurance benefits and your beneficiary designation, as well as a form to change your beneficiary for each policy. I may suggest changing your beneficiary depending upon your wishes.

Benefit Amount: \$ _____ Beneficiary: _____

BANK & FINANCIAL ACCOUNTS (Non-Retirement)

Please check all that apply: NOTE: It is not necessary for you to tell me amounts in each acct.

- Checking Account: Bank name: _____ Acct ending: _____
 Own it myself Own it with someone else: _____
- Savings Account: Bank name: _____ Acct ending: _____
 Own it myself Own it with someone else: _____
- Mutual Fund: Company name: _____ Acct ending: _____
 Own it myself Own it with someone else: _____
- Stock/Brokerage Account: Company name: _____ Acct ending: _____
 Own it myself Own it with someone else: _____

RETIREMENT ACCOUNTS

Do you have a retirement plan at work, such as Pension, profit sharing, 401(k)?

- Yes No

Note: It would be a good idea to ask your employee benefits director for a copy of your beneficiary designation, as well as a form to change your beneficiary for each retirement program. I may suggest changing your beneficiary depending upon your wishes.

Death Beneficiary: _____

Do you have any IRA accounts? Yes No

Death Beneficiary: _____

Note: It would be a good idea to ask your IRA company for a copy of your beneficiary designation, as well as a form to change your beneficiary for each account. I may suggest changing your beneficiary depending upon your wishes.

ANY OTHER QUESTIONS OR CONCERNS?

Please let me know about any particular questions or concerns that you have.

Contacts

- Home Phone _____ Best Time to Call _____
- Work Phone _____ Best Time to Call _____
- Cell Phone _____ Best Time to Call _____
- E-Mail Address: _____
- Other: _____

How were you referred to our office? _____
May we thank this person or business? _____