

LAURA W. ANDERSON, ESQ LLC

WILL AND ADVANCE HEALTHCARE QUESTIONNAIRE

DIRECTIONS: The firm uses this form to draft your documents, therefore:

- Each client must fill out their own form.
- Print the information below, no cursive please.
- Use legal names even if you or someone else goes by a nickname.
- Do not return this form to us unless all sections are complete.
- In order to ensure your appointment, please return this form 48 hours in advance of your scheduled appointment.
- Please be advised that this questionnaire is designed to assist us in creating documents on your behalf and is not a substitute for individualized legal advice.
- Please let us know if you have any questions.

WILL

1. Your Full Legal Name: _____

Social security number _____ - _____ - _____ DOB: _____

Your Address: _____

Your Contact number: (____) _____

Your e-mail address: _____

2. Spouse's Full Legal Name: _____

Social security number _____ - _____ - _____ DOB: _____

3. Names of children and other beneficiaries. Indicate if a minor, under the age of 18.

Existing Estate Planning:

You

Spouse NA

Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Is there anyone in your family with special needs or that requires special consideration?

NOMINATIONS

Your **executor** will be responsible for collecting the assets of your estate, carrying out the directions contained in your will, ensuring that your will is properly probated, and filing any tax returns which may be due.

Your **trustee** will be responsible for investing any assets held in trust, preserving such assets for the beneficiaries of the trust, and distributing such assets to the beneficiaries according to the directions contained in your will or any trust agreement which you might execute.

The **guardian of the person** for your minor children will assume responsibility for such children in the event that both of you die before your children reach the age of 18.

The **guardian of the property** for your minor children will assume responsibility for the property of such children in the event that both of you die before your children reach the age of 18.

Discuss the above selections with the individuals named before your first conference if possible. While a fiduciary should be a competent, responsible person, he or she need not have expertise in any of the areas mentioned, because he or she may always seek competent professional advice with respect to his or her duties and responsibilities.

IF YOUR SPOUSE will serve as your executor, please indicate this below.

5. Please indicate your preference for:

a. Executor: _____, Relationship _____

Alternate: _____, Relationship _____

b. If minor children:

Guardian of the Person: _____

Relationship: _____

Alternate: _____

Guardian of the Property: _____

Alternate: _____

DISTRIBUTION

6. In mutual wills, often all of your property is bequeathed to your spouse; however, this is not a requirement.

a. If your spouse predeceases you, please list how you would like your estate distributed, if not to your spouse?

b. If you wish any of your property to pass specifically to an individual, please list that item and the beneficiary's name?

7. If you are not married and/or this is not a mutual will, please list how you would like your estate distributed by beneficiary and percent.

8. If a trust is established for your minor children, at what age do you want your children to receive their property outright (free of trust)?

9. Will the total liquidated value of your estate, including proceeds from life insurance, bank accounts, and retirement accounts, be over five million dollars at the time of your passing?

You should know that the distribution of funds from life insurance policies, bank accounts, and retirement accounts will not be distributed under your Last Will and Testament. You must make those elections directly with those institutions; however, you can establish your beneficiary under these accounts as your estate or a trust if you so choose.

_____ INITIAL

Please be aware that Laura W. Anderson, Esq LLC does not give tax advice and you may wish to consult a tax professional concerning estate tax matters prior to executing your will.

_____ INITIAL

Advance Directive for Healthcare

The Advance Directive for Healthcare was established under Georgia Code in July 2007. This document is designed to replace the need for a living will and a power of attorney for healthcare. Upon execution of such a directive, a previously executed living will and/or power of attorney for healthcare will be replaced by your elections on the directive.

Your **healthcare agent** will make healthcare decisions for you when you cannot or do not want to make healthcare decisions for yourself. You may also have your healthcare agent make decisions for you after your death with respect to an autopsy, organ donation, body donation, and final disposition of your body.

Please provide name, address and telephone number for each:

Agent to make healthcare decisions: _____

Address: _____

Phone number _____

Alternate: _____

Address: _____

Phone number _____

Your **guardian** will be responsible for making decisions for you regarding your personal support, safety, and or welfare in the event a court decides you are unable to make those decisions for yourself. Your guardian may be the same as your healthcare agent but does not have to be the same.

Please provide name, address and telephone number for each, if different from your healthcare agent:

Guardian: _____

Alternate: _____

This directive includes your ability to express your preferences on the following issues: Autopsy, Organ Donation, Donation of Body and Final Disposition of Body including Burial or Cremation. Please consider your preferences on these issues prior to your appointment. Further, you will be able to choose under what conditions this directive will take effect.

_____ INITIAL

Please consider which treatment preferences you would prefer in the event you are no longer able to communicate those preferences. The three preferences set out in the directive are: (check one)

- A. Extend my life for as long as possible OR

- B. Allow my natural death to occur OR

- C. I do not want any medical procedures that in reasonable medical judgment could keep me alive, but can not cure me except as specified.

This directive shall take effect upon execution and shall remain in effect until death and after death to the extent allowed. However, you may choose to specify an effective date and/or termination date. If applicable, please specify those dates:

Effective date: _____

Termination date: _____

POWER OF ATTORNEY

Agent name: _____
Agent E-mail: _____
Agent Address: _____
Agent Phone Number: _____