

# ESTATE PACKAGE EXPLANATION AND PROCESS

Our firm charges \$650 for an "estate package" which includes wills, general powers of attorney, and advance medical directives for a married couple (\$550 for a single person). Please first print this worksheet/questionnaire. Next, fill out the questionnaire and return it to us by scanning and emailing the document to [burton@rbnlaw.com](mailto:burton@rbnlaw.com) or fax it to us at 770-420-1927. Of course, you can also mail it to our firm address indicated on this form. Based on the information provided, we prepare and send drafts of the documents for your review. After your review, you may call or e-mail us concerning questions, changes, and/or corrections. We then prepare final documents and schedule an appointment for signature.

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## ESTATE WORKSHEET

The person making a will is known as the **Testator**. The person or persons who inherit the Testator's property are known as the **Beneficiaries**. The person who is responsible for seeing that the terms of the will are carried out is known as the **Executor**. If a trust is created in the will (usually for minor children), the person who holds and manages property for the benefit of the children is the **Trustee**. Also in the case of minor children, the person who has physical custody of them (in the event of the death of both parents) is known as the **Guardian**. The executor, trustee, and guardian can all be the same person or the Testator may designate different persons for different tasks. The Testator may also designate more than one person to act as Co-Executors, Co-Trustees, or Co-Guardians.

A typical estate plan for an individual who is married and has minor children is to leave everything to the spouse and if he or she should fail to survive the Testator, then to a Trustee for the benefit of the minor children until they reach a certain age (18, 21, 25, etc.). A more sophisticated estate plan is required for persons who have large estates (generally defined as being in excess of \$5,250,000. for both a husband and wife, inclusive of life insurance proceeds and all property).

**Please note that this worksheet only applies to simple wills, and not the more sophisticated documents required for larger estates. Therefore, your completion and return of this form will be taken as confirmation that your estate has a total value (both husband and wife) of less than \$5,250,000 and that you do not need or require more complex estate planning which would be necessary for an estate having a value larger than that amount. With this in mind, please complete the following pages.**



Please complete a **separate form for each person**, even though the information may be repetitive.

## WILLS

Your name as you want it to appear on the documents: **(this should be consistent with your other legal documents and this will be the name that you are actually signing out fully on the documents)**:

Name:

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Address:

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County

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Daytime telephone number(s)#:

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E-mail address:

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Birth date:

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Spouse's full name ( if applicable):

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Children (if applicable) (please include ages):

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As to any trust created for minors, at what age of the beneficiary would you like such trust to end? (The age of majority is 18, so it could not be any younger than that, but it can be for any age 18 or over that you chose. It can also be spread out over a period of ages, such as  $\frac{1}{3}$  at age 18,  $\frac{1}{3}$  at age 21, and the balance at age 25)

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Is there a possibility of children in the future? \_\_\_\_\_

Are there any children that you are aware of but are estranged from and/or excluding as beneficiaries? If so, please name each:

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Do you have any specific instructions as to the disposition of your remains, such as cremation, donation for medical or scientific purposes, burial at a specific cemetery or at sea, or with military honors?

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## Estate Plan

(please check one)

\_\_\_\_\_ All property to my spouse.

\_\_\_\_\_ All property to my spouse, or if he/she dies, then to my children, in equal shares.

\_\_\_\_\_ All property to my children, in equal shares.

\_\_\_\_\_ All property to my spouse and children, in equal shares.

\_\_\_\_\_ Other

If you checked "other" then in your own words, state how you would like to leave your property. You need not be specific as to general bequests of property, but if you want specific things to be left in a certain way, please say so. You may attach a separate piece of paper. Give full names for each of your beneficiaries, other than your spouse and children named above: \

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If your estate plan involves children, and one of your children should die before you, would you wish for that child's share of your estate to go to: (please check one)

\_\_\_\_\_ His or her own children (the legal term for this is *per stirpes*)

\_\_\_\_\_ To be divided among your surviving children (the legal term for this is *per capita*)

\_\_\_\_\_ Other (please specify):

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## Responsibility Assignments

(Please show the **relationship** to you, if any, of the person(s) selected)

Executor(s): \_\_\_\_\_ I choose my spouse

or

\_\_\_\_\_ I choose the following person or persons:

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Trustee(s) if applicable:  
[name(s) and relationship(s)]

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Guardian(s) if applicable:  
[name(s) and relationship(s)]

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## Alternates

For each position, you can also select alternates (also called successors or back-ups). These are persons who can serve in a position if the one who is your first choice is unable or unwilling to act.

Alternate Executor(s):  
[name(s) and relationship(s)]

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Alternate Trustee(s) if applicable:  
[name(s) and relationship(s)]

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Alternate Guardian(s) if applicable:  
[name(s) and relationship(s)]

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## POWERS OF ATTORNEY

The General Power of Attorney gives to another individual the broadest possible legal authority to act in your name. This is separate from the Advanced Directives for Healthcare. It can be drafted to be immediately effective or only in the event of your subsequent incompetence or disability.

\_\_\_\_\_ I do not wish to have a General Power of Attorney prepared at this time.

If you wish to have a General Power of Attorney, please designate the individual you wish to act as your attorney-in-fact, and, if desired, a successor or alternate:

\_\_\_\_\_ I choose my spouse

or

\_\_\_\_\_ I choose the following person or persons (please show both name and relationship):

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Do you wish to have an Alternate or Successor Attorney-in-Fact?:  
[name(s) and relationship(s)]

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Do you wish the General Power of Attorney to only be effective in the event of your subsequent incompetence or disability? Yes \_\_\_ No \_\_\_\_





# ADVANCE MEDICAL DIRECTIVES

In addition to a will, other documents which can be prepared for you include a living will, a durable health care power of attorney, and a general power of attorney. The living will and durable health care power of attorney, collectively called advance medical directives, provide for an enforceable expression of your desire not to be sustained on life support systems if you are in a terminal condition and unable to speak for yourself.

\_\_\_\_\_ I do not wish to have an Advance Medical Directive prepared at this time.

If you wish to have a Living Will and Durable Health Care Power of Attorney, please designate the individual you wish to make health care decisions, (your Health Care Agent) and, if desired, a successor:

\_\_\_\_\_ I choose my spouse      Spouse phone #(s): \_\_\_\_\_

or

\_\_\_\_\_ I choose the following person or persons (please show name, relationship, **address and phone number**):

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Successor or Alternate Health Care Agent, if applicable:  
[name(s) and relationship(s) as well as **address and phone number**]

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Second Successor or Alternate Health Care Agent, if applicable:  
[name(s) and relationship(s) as well as **address and phone number**]

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Signature of Client:

\_\_\_\_\_

Date Worksheet Completed: \_\_\_\_\_

How should we send the **drafts** of your documents?

Please initial one:

\_\_\_\_\_ By e-mail sent to \_\_\_\_\_

\_\_\_\_\_ By regular mail sent to

\_\_\_\_\_

**Please return completed Estate Worksheet to:**

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