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ESTATE PLANNING WORKSHEET

The person making the will is known as the **Testator**. The person(s) who inherits the Testator's property are known as the **Beneficiaries**. The person(s) 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 the 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 plan for an individual, who is married and has minor children, is to leave everything to the spouse. If the spouse should fail to survive the Testator (die before the person making the will), then everything is left to a Trustee for the benefit of any minor children until they reach a certain age (i.e.: 28, 32, 35, etc.). A more sophisticated estate plan is required for persons who have large estates (generally being defined as being in excess of \$10,000,000.00, for both a husband and wife, inclusive of life insurance proceeds and any property). Your accountant and/or financial advisor may advise you as to whether you need a "Marital Deduction Trust" or a "Credit Shelter Trust".

For some individuals, a Revocable or Irrevocable Trust may be a useful estate planning tool. This worksheet is not used with the preparation of a Trust. If you have questions about whether a Trust is right for you, please give us a call.

When completing this Worksheet, please provide as much detail as possible. Please provide full names (First, Middle and Last) when referencing an individual and please clarify that how that individual is related to you. Please answer all questions, even if you believe they do not pertain to you or your estate plan.

Your name as it is to appear on the documents:

Your Date of Birth:

Spouse's Name:

Phone Number(s): (Please list all numbers for you and your spouse)

Home:

Work:

Mobile:

Address:

County of Residence:

Children: *(Please give the first name, middle name, and last name of each child)*

Name:

Was this child born of this marriage (husband and wife listed above)?

If not, who are the mother and father of the child listed above?

Age of child:

Name:

Was this child born of this marriage (husband and wife listed above)?

If not, who are the mother and father of the child listed above?

Age of child:

Name:

Was this child born of this marriage (husband and wife listed above)?

If not, who are the mother and father of the child listed above?

Age of child:

	Name: Was this child born of this marriage (husband and wife listed above)? If not, who are the mother and father of the child listed above? Age of child:
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If you have any additional children, please list them on the last page.

Estate Plan: <i>(Please check the appropriate box)</i>	
_____	All property to my spouse, or if he/she dies (i.e. common disaster), then to my children in equal shares.
_____	All property to my spouse.
_____	All property to my children in equal shares
_____	All property to my spouse and children in equal shares
_____	Other
If you selected ‘other’, please state how you would like to leave your property.	
If the individual(s) you have designated to received your property have passed away, do you want the deceased person’s share to be distributed to his/her children? If not, then please describe how you would like the property to be distributed under those circumstances.	

Who would you like to be named as the Executor/Executrix of your Last Will and Testament?

(first, middle, and last name)

Who would you like to be named as the alternate (appointed to serve in the event that the Executor/Executrix you appointed above is unable to fulfill duties) Executor/Executrix of your Last Will and Testament? *(first, middle, and last name)*

In the event that your child (or children) is under the age of 18, please list the full names of the Guardian(s), [the person that would be responsible for your child's physical well being] you wish to be appointed for your child/children in the event that you and your spouse are killed in a common disaster. *(You may list either one or two individuals and give the first name, middle name, and last name of each.)*

- 1.
- 2.

If you listed two names above, please check whether these are to be

- Co-Guardians OR
 Primary and Alternate Guardian

List the complete names of any children under the age of 18.

- 1.
- 2.
- 3.
- 4.

List the names and DOB for any children suffering from any type of disability.

- 1.
- 2.

Would you like for the Trustee (person responsible for managing the child/children's portion of the estate in the event that you and your spouse are killed in a common disaster) and the Guardian to be the same person(s)? (yes or no)

If not, please state the Trustee's name(s) below (You may list either one or two individuals and give the first name, middle name, and last name of each.)

- 1.
- 2.

Please check whether these are to be

- Co-Guardians OR
 Primary and Alternate Guardian

In addition to a will, other documents which can be prepared for you include a General Power of Attorney and an Advance Directive for Health Care.

The General Power of Attorney gives to another individual the broadest possible legal authority to act in your name. It can be drafted to be immediately effective or only in the event of your subsequent incompetence or disability.

The Advance Directive for Health Care provides for an enforceable expression of your designation of a Health Care Agent (*The individual who may make health care decisions for you when you cannot (or do not want to) make health care decisions for yourself*) and of your desire to not be sustained on life support systems if you are in a terminal condition and are unable to speak for yourself.

_____ I do not wish to have a General Power of Attorney at this time.

_____ I do not wish to have an Advance Directive for Health Care at this time.

If you wish to have a General Power of Attorney, please designate the individual you wish to act as your agent, and, if desired, a successor:

_____ I choose my spouse

_____ I choose _____ and
_____ as successor.

When do you wish the General Power of Attorney to become effective?

(Please select from the following)

_____ Immediately upon your signing of the document.

_____ Only in the event of your subsequent incompetence or disability.

If you do wish to have an Advance Directive for Health Care prepared, please designate the individual you wish to make health care decisions, and if desired, a successor:

_____ I choose my spouse

_____ I choose _____

Their Address _____

Their Phone Numbers

Home _____

Work _____

Mobile _____

What is the relationship of this person to you? _____

As successor, I name _____

Their Address _____

Their Phone Numbers

Home _____

Work _____

Mobile _____

What is the relationship of this person to you? _____

Do you have any specific instructions as to the disposition of your remains (such as cremation, donation for medical or scientific purpose, organ donation, burial at a specific cemetery at sea, or military honors)? *If so, please list below:*

OTHER COMMENTS OR CONCERNS

Signature

Date