

ATTRIDGE & ASSOCIATES, L.L.C.

ATTORNEYS-AT-LAW

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PART 1 - PERSONAL INFORMATION FACT SHEET(CLIENT):

DATE: _____

PERSONAL

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt/Unit #** _____

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

County: _____ **How many years there?** _____

Prior Address: _____

Home Telephone No.: _____

Cellular Telephone No.: _____

E-Mail Address: _____

Birth Date: _____ **Place of Birth:** _____

Social Security Number: _____

Date of Marriage: _____

Have you previously been married? If yes, separation date or date of death of spouse: _____

BUSINESS

Employer/Self-Employed: _____

Title: _____

Office Address: _____

Telephone Number: _____

E-Mail Address: _____

Annual Salary (including Bonus/Commission)/Business Income: _____

Other Employment Activities & Related Incomes: _____

PART 2 - PERSONAL INFORMATION FACT SHEET (SPOUSE):

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt/Unit #** _____

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

How many years there? _____

Home Telephone No.: _____

Cellular Phone No.: _____

E-Mail Address: _____

Birth Date: _____ **Place of Birth** _____

Social Security Number: _____

Has your spouse previously been married? If yes, separation date or date of death of that spouse: _____

BUSINESS

Employer/Self-employed: _____

Title: _____

Office Address: _____

Telephone Number: _____

E-Mail Address: _____

Annual Salary (including Bonus/Commission)/Business Income: _____

Other Employment Activities & Related Incomes: _____

PART 3 - PERSONAL INFORMATION FACT SHEET (CHILDREN):

***1ST CHILD**

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.: _____

Cellular Telephone No.: _____

E-Mail Address: _____

Birth Date: _____ **Place of Birth:** _____

From Which Marriage?: _____

Married: Y/N Spouse Name: _____ **Sex: M F**

CHILDREN OF THIS CHILD

AGE/DOB:

_____	_____
_____	_____
_____	_____
_____	_____

***2ND CHILD**

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt/Unit #** _____

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

Home Telephone No.:

Cellular Telephone No.: _____

E-Mail Address: _____

Birth Date: _____ **Place of Birth:** _____

From Which Marriage?: _____

Married: Y/N Spouse Name: _____ **Sex: M F**

CHILDREN OF THIS CHILD

AGE/DOB:

_____	_____
_____	_____
_____	_____
_____	_____

***3RD CHILD**

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt/Unit #** _____

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

Home Telephone No.:

Cellular Telephone No.: _____

E-Mail Address: _____

Birth Date: _____ **Place of Birth:** _____

From Which Marriage?: _____

Married: Y/N Spouse Name: _____ **Sex: M F**

CHILDREN OF THIS CHILD

AGE/DOB:

NOTE: If additional children, please provide information on this space or on a separate sheet of paper.

PART 4- PERSONAL INFORMATION FACT SHEET (DEATH):

NAME OF EXECUTOR: _____

RELATIONSHIP: _____

ADDRESS AND PHONE NUMBER OF EXECUTOR:

NAME OF SUCCESSOR-EXECUTOR: _____

RELATIONSHIP: _____

ADDRESS AND PHONE NUMBER OF SUCCESSOR EXECUTOR:

PART 5 - PERSONAL INFORMATION FACT SHEET (FAMILY):

Parents: _____

Address: _____

Home Phone No.: _____

Ages: _____. **If Deceased, please provide date of death:** _____

SIBLINGS(Brother/Sister)

Sibling: M F Name: _____

Nephew/Niece Name/Ages: _____

Sibling: M F Name: _____

Nephew/Niece Name/Ages: _____

Sibling: M F Name: _____

Nephew/Niece Name/Ages: _____

Sibling: M F Name: _____

Nephew/Niece Name/Ages: _____

PART 6 - PERSONAL INFORMATION REGARDING, ADVISORS & OTHER RELATED INFORMATION:

DO YOU PRESENTLY HAVE A LAST WILL: Y N

Year and State Executed: _____

Location Where Original Kept: _____

Trusts: Y N Year and State Executed: _____

Original Kept: _____

Revocable/Irrevocable

Funded/Unfunded

Attorney: _____

Address: _____

Telephone Number: _____

Stockbroker: _____

Address: _____

Telephone Number: _____

Insurance Agent: _____

Address: _____

Telephone Number: _____

Accountant: _____

Address: _____

Telephone Number: _____

PART 7 - PERSONAL INFORMATION FACT SHEET (DEATH):

Note- If any beneficiary under your Last Will and Testament is a minor at the time of your death, it will be necessary to place any property given to that beneficiary in a trust until such time as he/she reaches maturity.

Primary Trustee for Trust:

Name: _____ **Sex: M F**

Address: _____

Relationship: _____

Successor Trustee for Trust:

Name: _____ **Sex: M F**

Address: _____

Relationship: _____

PART 8 - PERSONAL INFORMATION FACT SHEET (DEATH):

IF MINOR CHILDREN, GUARDIANS ARE:

Note-One of the most important reasons for making a Will is to provide for the care of any minor children. Normally, the surviving spouse automatically has custody of any children; however, one must consider what would happen if their spouse did not survive them. Your Will should name a guardian who will take charge of your children under these circumstances. Give the name and relationship to you, if any, of the person you would like to name as guardian of your minor children.

Primary Guardian for children:

Name: _____ **Sex:** M F

Address: _____

Relationship: _____

Successor Guardian for children:

Name: _____ **Sex:** M F

Address: _____

Relationship: _____

PART 9 - INFORMATION ABOUT YOUR ASSETS:

If married, do either of you have separate property? Yes _____ **No** _____

If yes, Value of Wife's separate property \$ _____ **Husband's \$** _____

Value of Joint Property? \$ _____

Your Annual Income \$ _____ **Spouse's Annual Income \$** _____

Do (either of) you expect to inherit from parents or others?

Yes _____ **No** _____

Are (either of) you now the beneficiary of a will or trust?

Yes _____ **No** _____

LIST OF ASSETS

Real Estate Address	Approximate Market Value	Approximate Amount You Owe	How Title Held
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(*Joint tenancy, community property, or separate property of H or W)

<u>ALL OTHER ASSETS**</u>	Approximate Market Value	Approximate Amount You Owe
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**** All other assets includes but is not limited to items such as furniture and furnishings; vehicles, boats, motors, trailers, jet skis, snow mobiles, motorcycles; stocks and bonds; life insurance; pension plans/IRA's; and antiques; money owed to you by others.**

PART 10 - BENEFICIARIES OF YOUR LAST WILL AND TESTAMENT:

Please give general description of how you wish your property distributed. List any personal property, such as jewelry, collections or items with special emotional value, which you wish to leave to a specific person.

PART 11 – HEALTH CARE PROXY/LIVING WILL:

Note-When making a Health Care Proxy you will choose a person to be your *agent*-this person will have the power to make health care decisions for you in the event you are unable to act for yourself. Give the name and relationship to you, if any, of the person you would like to name as your agent.

Name, Address and Telephone Number of Agent:

Relationship: _____

Name, Address and Telephone Number of Successor-Agent:

Relationship: _____

PART 12 – GENERAL DURABLE POWER OF ATTORNEY:

Note-A Durable Power of Attorney provides for an agent to make financial decisions for you. Give the name and relationship to you, if any, of the person you wish to name as your Agent.

Name, Address and Telephone Number of Agent:

Name, Address and Telephone Number of Successor-Agent:

VERIFICATION

I _____, hereby affirm that the above information is true, complete and accurate as of the date of completion of this questionnaire.

Dated: _____ (SEAL)
Signature _____

Privacy Act Notice: AUTHORITY: 10 U.S.C. § 8012, EO 9397; PRINCIPAL PURPOSE: To collect data on you to assist your lawyer in drafting your will. It will not be disseminated outside the legal office and is considered confidential. ROUTINE USES: See principal purpose; DISCLOSURE IS VOLUNTARY: You are not required to complete this form; however, your failure to do so may mean the legal office cannot provide you with a will.