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Please complete the following information questionnaire so that we may properly prepare for the initial conference. In addition, the information you supply will assist us in preparing the necessary legal paperwork to administer the estate of the decedent. If insufficient space is provided in the form, please attach additional pages as necessary.

I DECEDENT

A. Name

Full Legal Name: _____
First Name Middle Name Last Name

Please list any other name(s) used by the decedent in legal documents or former names (e.g. Maiden name)

B. Death

Date of Death: _____ Place of Death: _____
day/ month/ year city, county, state
(Please attach one certified copy of the death certificate if available)

C. Domicile

Decedent's Street Address: _____
address city state zip

County of Residence: _____ Years at above address: _____
years months

D. Vital Information

Date of Birth: _____ Social Security # _____
day/ month / year

Marital Status: (circle one) single/ married/ divorced/ widowed)

If divorced, did the decedent have any obligations under a divorce decree? Yes _____ NO _____

If married, did the decedent enter into a prenuptial or postnuptial agreement? Yes _____ NO _____

E. Testamentary Documents

Location of original Will: _____ Date of Will: _____
(Please provide copies of any other documents such as irrevocable trusts, revocable trusts, personal property lists, etc.) If you are in possession of the original will, please provide it to us.

II. DECEDENT'S HEIRS

A. Surviving Spouse

Name (first, middle, last)	Birthdate	address, city, state, zip
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If survived by a spouse, is the decedent's spouse a United States citizen? _____

B. Children (if no living children, list parents; if no living parent(s), list siblings)

Name (first, middle, last)	Birthdate (dd/mm/yyyy)	Mailing Address address, city, state, zip	Deceased? yes/no
1. _____	_____	_____ _____	_____
2. _____	_____	_____ _____	_____
3. _____	_____	_____ _____	_____
4. _____	_____	_____ _____	_____
5. _____	_____	_____ _____	_____

Please note below whether any of the above named persons has been declared incompetent or incapacitated (i.e. has a guardian appointed for them) and whether any minors have been emancipated. If above-listed persons are not the children of the decedent, please list the relationship of each to the decedent below. Please also include any additional information about any of the above heirs which may be relevant, such as whether a child is adopted, etc.

III. PERSONAL REPRESENTATIVE (executor)

A. Name & Contact (if a co-executor(s), please attach additional page)

Name: _____ Relation to Decedent: _____
First Middle Last (child, sibling, parent, etc.)

Mailing Address: _____
address city state zip

Home Phone: (____) ____ - ____ Business Phone: (____) ____ - ____

Mobile Phone: (____) ____ - ____ e-mail: _____

IV. TAX RETURNS

A. Individual Income Tax Return (IRS Form 1040)

The last personal income tax return filed by decedent was for tax year : _____
(Please attach a copy of the return if available)

The date on which such return was filed: _____, 20

B. Federal Gift Tax Return (IRS Form 709) (Please attach any copies of Federal Gift Tax returns filed by the decedent.)

1. Did the decedent make gifts in excess of the annual exclusion during lifetime? Yes ____ No ____

ASSETS OF DECEDENT

C. Cash & Savings Accounts

Name of Institution	Address	Approximate Value
1.		\$.00
2.		\$.00
3.		\$.00
		\$.00

D. Life Insurance

Name of Insurance Co.	Beneficiary	Face Value
1.		\$.00
2.		\$.00
3.		\$.00
		\$.00

ASSETS OF DECEDENT (continued)

E. Stocks, Bonds & Mutual Fund Accounts

(attach copies of statements for the month preceding date of death and the month containing the date of death)

Name of Institution	Address	Approximate Value
1.		\$.00
2.		\$.00
3.		\$.00

F. Retirement Plans (not already listed above) (e.g. 401(k), IRA, Roth IRA)

(attach copies of statements for the month preceding date of death and the month containing the date of death; and in the case of a qualified plan, the summary plan document)

Name of Institution	Acct. Type	Beneficiary	Approximate Value
1.			\$.00
2.			\$.00
3.			\$.00
4.			\$.00

G. Real Property (please provide copies of deeds and P&C insurance policies if available)

Name of Institution	Address	Approximate Value
1.		\$.00
2.		\$.00
3.		\$.00
4.		\$.00

Please note if any real property was jointly held or not owned by decedent in fee simple:

H. Automobiles (please provide copies of title and P&C insurance policies if available)

Make, Model & Year	Property and Casualty Insurer	Approximate Value
1.		\$.00
2.		\$.00
3.		\$.00
4.		\$.00

I. Other Vehicles (motorcycles, boats, personal watercraft, airplanes, etc.)

(please provide copies of title and P&C insurance policies if available)

Description	Property and Casualty Insurer	Approximate Value
1.		\$.00

J. Valuable Personal Property (over \$500.00 in value; e.g. jewelry, paintings, antiques, etc.)
(attach separate list if necessary)

Description	Approximate Value
1. _____	\$.00
2. _____	\$.00
3. _____	\$.00
4. _____	\$.00
5. _____	\$.00

K. Business Interests

Name of Business	Shares/Units/ Membership Interest	Entity Type	Approximate Value
1. _____		\$.00
2. _____		\$.00

If any Business Interests listed above are corporations, are any taxed as S Corporations? Yes ___ No ___
Do in-force buy/sell agreements apply to any Business Interests listed above? Yes ___ No ___

L. Accounts over which Decedent was Custodian

1. _____	\$.00
2. _____	\$.00

M. Other Assets Not Listed Above (cemetery lots, time shares, notes receivable, etc.)

Description	Approximate Value
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1. _____
2. _____

N. Safe Deposit Box

Please attach a summary of the contents of any safe deposit boxes which have already been opened. Please list the institution and location of any additional boxes and whether or not you have the key.

V. DEBTS OF THE DECEDENT

For each of the following categories, please note whether the obligation has been paid or not and note at the end of this section whether any of the listed debts are disputed.

A. Funeral Expenses

Creditor	(paid/not paid)	Amount Owed/Paid
1.		
2.		

B. Expenses of Last Illness

Creditor	(paid/not paid)	Amount Owed/Paid
1.		
2.		

C. Taxes Owed

Government Entity	type (e.g. income, property)	Amount Owed/Paid
3.		
4.		

D. Secured Creditors (mortgages, car loans, etc.)

Creditor	Collateral Property	\$	Amount Owed
1.		\$.00
2.		\$.00
3.		\$.00
4.		\$.00

F. Unsecured Creditor (credit cards, loans, utilities)

1.	\$.00
2.	\$.00
3.	\$.00
4.	\$.00

OTHER INFORMATION

1. Did the decedent receive Medicaid at any time during life? Yes ___ No ___
2. Was the decedent the beneficiary of any trusts? Yes ___ No ___
3. Was the decedent the grantor of any trusts? Yes ___ No ___
4. Are any of decedent's assets:
 - subject to rapid or severe deterioration? Yes ___ No ___
 - especially susceptible to theft, destruction, damage or injury Yes ___ No ___
 - located in a storage unit? Yes ___ No ___
5. Was the decedent required to file tax returns with any other state or country? Yes ___ No ___
6. Was the decedent a veteran? Yes ___ No ___
7. Do you anticipate that anyone is likely to contest decedent's will? Yes ___ No ___
8. Was the decedent involved in any pending litigation? Yes ___ No ___
9. Are you aware of the decedent right to sue on any cause of action? Yes ___ No ___
10. Has any property listed on this form been formally appraised recently? Yes ___ No ___
11. Did the decedent own any real property outside Georgia? Yes ___ No ___
12. Did the decedent own any property outside the United States? Yes ___ No ___

If the answers to any of the above questions are "yes" please provide details below.
