## TURNER LAW, LLC

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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

		1 DECEDENT			
A. Name					
Full Legal Name:					
	First Name	Middle Name	Last Na	me	
Please list any other Maiden name)	name(s) used t	by the decedent in legal o	locuments or	former na	mes (e.g.
B. Death	_				
Date of Death:		Place of Death:_			
day/ n	nonth/ year		ity,	county,	state
(Please attach one ce	rtified copy of	the death certificate if ava		•	
C. Domicile Decedent's Street Ad	ldress:				
	addres	S	city	sta	ite zip
County of Residence:			Years at abov	ve address:	
_				years	months
D. Vital Informat					
Date of Birth:		Social Security #	<u> </u>		
	nonth / year one)	single/ married/ divorced	d/widowed)		
If divorced, did the d	ecedent have ar	ny obligations under a div	orce decree?	Yes	NO
		a prenuptial or postnupti			
E. Testamentary	Documents				
Location of original W	/ill:		ate of Will:		
		documents such as irrev			
personal property list	s. etc.) If vou a	re in possession of the or	ıgınal will. pl	ease provi	de it to us.

# II. DECEDENT'S HEIRS A. Surviving Spouse Name (first, middle, last) Birthdate address, city, state, zip 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) Birthdate /mm/vvvv) Name Mailing Address Deceased? (first, middle, last) (dd/mm/yyyy) address, city, state, zip yes/no 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:			Relat	ion to Dece	dent:
First	Middle	Last		(child, sibling, parent, etc.)	
Mailing Address: _	address			city	state zip
II DI (			D : DI (		-
Home Phone: (	) -		Business Phone: (	)	<u> </u>
Mobile Phone: (	) -		e-mail:		
		IV. T	AX RETURNS		
A. Individual Inc	ome Tax Ret	urn (IRS	Form 1040)		
The last personal in (Please attach a cop			decedent was for tax	year :	
` -	•		iled:	. 20	
<ol> <li>Did the deceder</li> <li>Cash &amp; Savings</li> <li>Name of Institution</li> </ol>	C	ASSE	of the annual exclusion  TS OF DECEDENT	J	etime? Yes No ximate Value
1.				\$ \$	.00
2.				\$	.00
3.				\$	.00
				\$	.00
<b>D. Life Insurance</b> Name of Insurance C	o. Bei	neficiary		<u> </u>	Face Value
1.				\$	.00
2.				\$	.00
3.				\$	.00
				\$	.00

### ASSETS OF DECEDENT (continued)

Name of Institution	Address	e of death and the mon	Approximate	
1.			\$	.00
F. Retirement Plans ( attach copies of statements ase of a qualified plan, the	(not already listed above) s for the month preceding date summary plan document)	(e.g. 401(k), IRA, e of death and the month		
Name of Institution	Acct. Type	Beneficiary	Approximate Value	
<u>. •                                     </u>			\$	.00
· ·			\$	.00
			\$	.00
			\$	.00
Name of Institution	ase provide copies of deed Address		Approxim \$	nate Value
Name of Institution  1. 2. 3.	Address		Approxim  \$  \$  \$  \$	.00 .00 .00 .00
Name of Institution  1. 2. 3. 4. Please note if any real  H. Automobiles (please)	Address	d or not owned by d	Approxim  \$  \$  \$  lecedent in fee	.00 .00 .00 .00 e simple:
Name of Institution  Please note if any real  Automobiles (please Make, Model & Year	Address  property was jointly held se provide copies of title	d or not owned by d and P&C insurance ualty Insurer	Approxim  \$  \$  \$  lecedent in fee	.00 .00 .00 .00 e simple:
Vame of Institution  Please note if any real  Automobiles (please Make, Model & Year	property was jointly held se provide copies of title Property and Cast	d or not owned by d and P&C insurance alty Insurer	Approxim  \$  \$  \$  lecedent in fee  Approxim	.00 .00 .00 .00 .00 .vailable) nate Value
Please note if any real  Automobiles (pleadake, Model & Year	Address  property was jointly held se provide copies of title Property and Cast	d or not owned by d and P&C insurance alty Insurer	Approxim  \$  \$  \$  lecedent in feet  Approxim  Approxim  \$	.00 .00 .00 .00 .00 e simple:

	roperty (over \$500.00 in value)	ue; e.g. jewelry, pai	ntings, antiques, etc.)		
(attach separate list if necessary) Description			Approximate Value		
4		φ 1.	.00		
2.		\$	.00		
3.		\$	.00		
		\$	.00		
5.			.00		
K. Business Interests					
Name of Business	Shares/Units/	Entity	Approximate Value		
	Membership Interest	Type			
1.		\$	.00		
2.		\$	.00		
			.00 .00		
M. Other Assets Not Lis Description	sted Above (cemetery lots, tir		eivable, etc.) proximate Value		
1.					
2.					
	y of the contents of any satistitution and location of any				

#### 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.

<b>A. Funeral Expenses</b> Creditor	(paid/not paid)	Amount	Owed/Paid
1.			
<b>B. Expenses of Last Illne</b> Creditor		Amount Owed/Paid	
1.			
C. Taxes Owed	type (e.g. income, property)	Amount Owed/Paid	
3.			
•			
<b>D. Secured Creditors</b> (more Creditor	tgages, car loans, etc.) Collateral Property	\$ Amount Owed	
1.		\$	.00
2.		\$	.00
3.		\$	.00
			.00
F. Unsecured Creditor (	credit cards, loans, utilities)		
1.		\$	.00
2.		\$	.00
<u>3.</u>			.00
			.00

#### OTHER INFORMATION

Did the decedent receive Medicaid at any time during life? Was the decedent the beneficiary of any trusts?	Yes _	No_
. Was the decedent the beneficiary of any trusts?	Yes _	_ No
. Was the decedent the grantor of any trusts?	Yes _	_ No _
subject to rapid or severe deterioration?		
especially susceptible to theft, destruction, damage or injury		
located in a storage unit?  Was the decedent required to file tax returns with any other state or country?	Yes _	_No _
Was the decedent required to file tax returns with any other state or country?	Yes	_ No _
Was the decedent a veteran?	Yes _	_No _
Do you anticipate that anyone is likely to contest decedent's will?	Yes _	No
Was the decedent involved in any pending litigation?	Yes _	_No _
). Has any property listed on this form been formally appraised recently?	Yes_	No
. Did the decedent own any real property outside Georgia?	Yes _	_ No _
2. Did the decedent own any property outside the United States?	Yes	No