



# THE BLACKBURN LAW FIRM, PLLC

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## ESTATE PLANNING INFORMATION SHEET - GEORGIA

Tentative signing date: \_\_\_\_\_

Referred by: \_\_\_\_\_

What is the best way to contact you?  Email  US Mail  Phone no: \_\_\_\_\_

### Client #1

Client's full name: \_\_\_\_\_

Client's address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client's home phone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Client's date of birth: \_\_\_\_\_ Client's Social Security #: \_\_\_\_\_

Client's email address: \_\_\_\_\_

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### Client #2 (Spouse)

Spouse's full name: \_\_\_\_\_

Spouse's home phone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_ Spouse's Social Security #: \_\_\_\_\_

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Children's full names and date of births:		(check one)		
		This Marriage	Prior Marriage Husband	Wife
1. _____	DOB: _____	_____	_____	_____
2. _____	DOB: _____	_____	_____	_____
3. _____	DOB: _____	_____	_____	_____
4. _____	DOB: _____	_____	_____	_____
5. _____	DOB: _____	_____	_____	_____

**DURABLE POWER OF ATTORNEY**

Name, address, phone number and relationship of your Attorney in fact (person that you would like to handle your business affairs in the event you were unable) - list two choices in case your first choice is unavailable:

**Client #1:**

**Client #2:**

**FIRST CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

**SECOND CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

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**LIVING WILL**

**Client # 1:**

If two physicians determine that you have a terminal condition with no hope of recovery, do you wish to be sustained on life-support? Yes \_\_\_\_\_ No \_\_\_\_\_

**Client # 2 (Spouse):**

If two physicians determine that you have a terminal condition with no hope of recovery, do you wish to be sustained on life-support? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY**

Name, address, phone number and relationship of your Attorney in fact (person that would make health care decisions for you in the event you were unable) - list two choices in case your first choice is unavailable:

**Client #1:**

**Client #2:**

**FIRST CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

**SECOND CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

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**LAST WILL AND TESTAMENT**

**Executor:** Name and relationship of **Executor** of your estate (person who will manage your estate and carry out your wishes after your death) - list at least two choices in case your first choice is unavailable:

**Client #1:**

**Client #2:**

**FIRST CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

**SECOND CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

**LAST WILL AND TESTAMENT (continued)**

**Executor:**

**THIRD CHOICE:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Client #1: \_\_\_\_\_

Relationship to Client #2: \_\_\_\_\_

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Name and relationship of **Trustee** of your estate (person or bank who will manage money in a trust) if you are setting up a trust. Trustee can be an individual or a corporation or both. If you are naming an individual, you should name at least two choices:

**Trustee** (if required)

Client #1 choices:

Client #2 choices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Guardian:** Name and relationship of **Guardian** of your minor children (children under the age of 19) - list at least two choices in case your first choice is unavailable:

**FIRST CHOICE:**

Name: \_\_\_\_\_

Relationship to Clients: \_\_\_\_\_

**SECOND CHOICE:**

Name: \_\_\_\_\_

Relationship to Clients: \_\_\_\_\_

**THIRD CHOICE:**

Name: \_\_\_\_\_

Relationship to Clients: \_\_\_\_\_

**Client #1 :**

Who do you want your property distributed to upon your death?

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If that person has predeceased you, who do you want your property to go to?

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If your estate is going into a trust, at what ages do you want the trust distributed?

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**Client #2 (Spouse):**

Who do you want your property distributed to upon your death?

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If that person has predeceased you, who do you want your property to go to?

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If your estate is going into a trust, at what ages do you want the trust distributed?

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**Any other notes, comments or requests pertaining to Last Will & Testament:**