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### ASSET PROTECTION & ESTATE PLANNING QUESTIONNAIRE

Congratulations! You have taken the responsible step to take control of you and your family’s future. To give you the best advice, we ask that you please complete this form to the best of your ability prior to your consultation. We must have this information to properly advise you of all your options and strategies. Print additional pages as needed.

This document is **PRIVILEGED & CONFIDENTIAL**, meaning that only **YOU** can share it. Our office will not disclose any of your personal or private information without your express permission.

Please provide a copy of any previous wills, trusts, living wills, powers of attorney, or other estate planning documents when you return this completed form to us. Also, please provide copies of deeds showing real estate descriptions and how property is titled.

**GOALS:**

**Why are you interested in Asset Protection and/or Estate Planning?**

(Examples: protecting minor children; avoiding probate; nursing home planning)

**Do you need your documents by a specific date?** No Yes: \_\_\_\_\_

**PERSONAL INFORMATION:**

**Name (full, legal name):** \_\_\_\_\_

Go By: \_\_\_\_\_ Desired name on documents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact Me:** Email Phone Call Text **Best Time to Contact:** \_\_\_\_\_

Veteran or Widow of Wartime Veteran: Yes / No Single Widowed Divorced

**IF APPLICABLE:**

**Spouse (full, legal name):** \_\_\_\_\_

Go By: \_\_\_\_\_ Desired name on documents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact Me:** Email Phone Call Text **Best Time to Contact:** \_\_\_\_\_

Wedding Anniversary Date: \_\_\_\_\_



**FAMILY INFORMATION:** Please include ALL children

**1. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

**2. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

**3. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

**4. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

**5. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

**6. Child's Full Legal Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents: Joint Husband Wife Married: Yes / No Children: Yes / No Minors Address:

Phone: \_\_\_\_\_ On Government Benefits? No / Yes: \_\_\_\_\_

*Please add additional pages if necessary.*



**SPECIAL CONSIDERATIONS:**

Have you previously done any estate planning?	Yes	No
If so, do you have any of the following:		
Last Will and Testament		
Trust		
Power of Attorney for Finances		
Power of Attorney for Health Care / Advanced Directive / Living Will		
Joint Tenancy Deed on Your Home		
Have you been married before?	Yes	No
Do you have a prenuptial agreement with your spouse?	Yes	No
Do any children have disabilities or receive government benefits?	Yes	No
Are you concerned with any of your children having a substance abuse problem, being irresponsible with money, or having an overbearing or unreasonable spouse?	Yes	No
Do any of your children still live with you?	Yes	No

**FINANCIAL INFORMATION:**

<b>INCOME:</b>	<b>Husband</b>	<b>Wife</b>
Earned Income (from Labor):	_____	_____
Social Security:	_____	_____
Pension:	_____	_____
Other: _____	_____	_____

**ASSETS:**

Checking Accounts:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Savings/Money Market Accounts:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



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Certificates of Deposit:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

IRA's or Roth IRA's:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Investment Accounts:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Stocks, Bonds, Treasury Bills, Etc.:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Annuities:

	<i>Institution Name</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Vehicles:

	<i>Make/Model</i>	<i>Owner</i>	<i>Amount</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



**Real Estate:**

	<i>Description or Address</i>	<i>Owner</i>	<i>Value</i>	<i>Mortgage Balance</i>
1.	_____	_____	_____	_____
	_____			
2.	_____	_____	_____	_____
	_____			
3.	_____	_____	_____	_____
	_____			
4.	_____	_____	_____	_____
	_____			

**Business Interests:**

	<i>Company, Partnership, or Business Name</i>	<i>Percentage Owned</i>	<i>Value</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Miscellaneous:**

Do you own a burial plot?                      No      Yes: \_\_\_\_\_

Do you own a prepaid funeral plan?        No      Yes: \_\_\_\_\_

Could you receive any inheritance in the future?      No                                      Yes:  
\_\_\_\_\_

Does anyone owe you money?                No      Yes: \_\_\_\_\_

Do you own any other assets that you have not yet mentioned? (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:**

**Medical Insurance:**

Do you have Medicare?    No    Yes:    Medicare Advantage                      Medicare  
Supplement

Insurance Company: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

Medicare Part D (Prescription): \_\_\_\_\_ Company: \_\_\_\_\_



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Long Term Care Insurance:    No    Yes

Insurance Company: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

Life Insurance:

1. Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Type (circle): Whole / Term / Universal / Group / Other

Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Type (circle): Whole / Term / Universal / Group / Other

Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_

3. Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Type (circle): Whole / Term / Universal / Group / Other

Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_

4. Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Owner: \_\_\_\_\_ Type (circle): Whole / Term / Universal / Group / Other

Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Death Benefit: \_\_\_\_\_ Cash Value: \_\_\_\_\_

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**CONSIDERATIONS:**

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Who would you trust to handle your financial decisions if you were not able?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Who would you trust to make your healthcare decisions if you were not able?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_