

Dixon Law Group



175 CORPORATE CENTER DRIVE
STOCKBRIDGE, GA 30281

COMPLETING THIS QUESTIONNAIRE WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA EMAIL, MAIL OR FAX.

Child 4: Name: _____ Age: _____
Address: _____

Child 5: Name: _____ Age: _____
Address: _____

Other Beneficiaries:

Name: _____ Age: _____

Address: _____

Name: _____ Age: _____

Address: _____

If you have child(ren) under 18 who will be the guardian?

Guardian: Name: _____ Cell: _____

Address: _____

Alternate: Name: _____ Cell: _____

Address: _____

Will you be establishing a testamentary trust for your children or beneficiaries? If so, who would you like to name as Trustee?

Trust Designation:

Trustee: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

What ages do you want the funds distributed, for what purposes and how much?

IV. WILL ADMINISTRATION PREFERENCES

A. Who will be your nominated personal representative for your estate?

Executor: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

B. Who will be your spouse's nominated personal representative for his/her estate?

Executor: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

B. Specific Gifts and Devises

I. Do you plan to leave your entire estate to your spouse? ____ Yes ____ No

If no, to whom: _____

II. If the above-named beneficiary is deceased, who would you like to name as successor beneficiary?

V. DURABLE POWER OF ATTORNEY

Who will be your agent authorized to make financial decisions for you in the event that you are hospitalized or incapacitated?

POA: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

Who will be your spouse's agent authorized to make financial decisions for him/her in the event that he/she is hospitalized or incapacitated?

POA: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

VI. ADVANCED HEALTHCARE DIRECTIVE

Who will be your healthcare agent authorized to make decisions for you in the event that you are hospitalized, unresponsive or incapacitated?

Health Care Agent: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____

Email: _____

Who will be your spouse's healthcare agent authorized to make decisions for him/her in the event that he/she is hospitalized, unresponsive or incapacitated?

Health Care Agent: Name: _____ Cell: _____

Address: _____

Email: _____

Alternate: Name: _____ Cell: _____

Address: _____ Email: _____

Treatment Preferences

In the event a doctor finds that you are in a vegetative state, do you want to be kept alive?

_____ Yes _____ No, Do Not Resuscitate after _____ days

If you are deceased, do you authorize your Health Care Agent to make anatomical gifts?

_____ Yes, for any purpose (transplantation and research)

_____ Yes, but only for transplantation purposes

_____ Yes, but only for research purposes

Do you authorize your Health Care Agent to arrange for an autopsy?

_____ Yes

_____ No

Do you have any preferences regarding burial or cremation?

Spouse Treatment Preferences

In the event a doctor finds that you are in a vegetative state, do you want to be kept alive?

_____ Yes _____ No, Do Not Resuscitate after _____ days

If you are deceased, do you authorize your Health Care Agent to make anatomical gifts?

_____ Yes, for any purpose (transplantation and research)

_____ Yes, but only for transplantation purposes

_____ Yes, but only for research purposes

Do you authorize your Health Care Agent to arrange for an autopsy?

_____ Yes

_____ No

Do you have any preferences regarding burial or cremation?
