NEAL & WRIGHT LLC
ESTATE PLANNING AND WILL QUESTIONNAIRE

ALL INFORMATION PROVIDED ON THIS FORM IS PRIVILEGED AND CONFIDENTIAL

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION
BEFORE COMPLETING THIS FORM:

This questionnaire is designed to obtain information that will allow us to determine what legal services you require, to set a reasonable fee for those services, and to provide you with the best service possible. The more complete the information you provide, the more accurate and efficient we can be. At this point, Neal & Wright LLC has not agreed to represent you or to undertake any professional responsibility for your case. Our attorneys can agree to represent you only after we have gotten all the facts and entered into a written engagement agreement with you.

Additionally, the attorneys of Neal & Wright LLC ethically cannot agree to represent you until we have checked our system to confirm that there are no conflicts of interest. If we determine that we do have a conflict, this form will be returned to you, and, upon request, we will provide you with the names of other attorneys who may assist you.

We charge a non-refundable $350 fee for an in-person consultation. Please contact us if you wish to schedule an in-person consultation.

Date: _____

Signed: _____

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When completed, please return this form to Neal & Wright LLC:

Via U.S. mail: 40 Franklin Street, Suite 100
Avondale Estates, GA 30002

Via email: info@nealandwright.com
(or sherry@nealandwright.com or dan@nealandwright.com)

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BACKGROUND INFORMATION

	Spouse/Partner #1	**Spouse/Partner #2**
Full Name *(no initials, please)*:		
Any other name(s) by which you have been known:		
Residence Address:		
Mailing Address (if different):		
County of residence**:**		
Home telephone:		
Work telephone:		
Cell phone:		
Fax:		
Email:		
Preferred method of communication:	□ Home phone □ Cell phone □ Work phone □ Email	□ Home phone □ Cell phone □ Work phone □ Email

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	Spouse/Partner #1	**Spouse/Partner #2**
	□ U.S. mail	□ U.S. mail
Preferred time of day for calls:		
Date of Birth:		
Place of Birth (City, State):		
U.S. Citizen?	□ Yes □ No If no, what is your immigration status?	□ Yes □ No If no, what is your immigration status?
Are you currently married to each other?	□ Yes □ No	□ Yes □ No
If you are married or in a civil union, have you and your spouse/partner lived in any other states since your marriage/civil union?	□ Yes □ No If yes, please list those states and provide the dates of your residence there:	□ Yes □ No If yes, please list those states and provide the dates of your residence there:

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	Spouse/Partner #1	**Spouse/Partner #2**
Have you ever been married previously?	□ Yes □ No If yes, how many times? _____ If yes, please list the names(s) of your prior spouse(s), approximate date of marriage, and approximate date of divorce or death.	□ Yes □ No If yes, how many times? _____ If yes, please list the names(s) of your prior spouse(s), approximate date of marriage, and approximate date of divorce or death.
Do you have any continuing obligations under any settlement agreement, divorce decree, prenuptial (premarital) agreement or have you ever made any agreement with anyone regarding the terms of your Will or the inheritance of your property?	□ Yes □ No *If so, it would be very helpful for you to provide a copy of any settlement agreement, final decree, or prenuptial agreement.*	□ Yes □ No *If so, it would be very helpful for you to provide a copy of any settlement agreement, final decree, or prenuptial agreement.*

FINANCIAL INFORMATION

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In order to give you the best advice about the estate planning tools that fit your needs, we need to understand your finances.

Do you own life insurance? □ Yes □ No

If yes, please provide the following information:

Company	Name of Insured	Amount of Benefit	Beneficiary	Contingent Beneficiary

Do you have any checking accounts? □ Yes □ No

If yes, please provide the following information:

Account Holder	Bank	Approximate Balance	Individual or Joint?	Payable on death or joint with right of survivorship?

Do you have any savings accounts? □ Yes □ No

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If yes, please provide the following information:

Account Holder	Bank/Financial Institution	Approximate Balance	Individual or Joint?	Payable on death or joint with right of survivorship?

Do you have any brokerage accounts? □ Yes □ No

If yes, please provide the following information:

Account Holder	Financial Institution	Approximate Balance/ Portfolio Value	Individual or Joint?	POD / Joint survivorship / Beneficiaries?

Do you have any IRA, 401k, or other retirement accounts? □ Yes □ No

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If yes, then please provide the following information:

Account Owner	Manager/Trustee	Approximate Value	Beneficiary	Contingent Beneficiary

Do you have a safe-deposit box? □ Yes □ No

If yes, please give the location: _____

Does anyone else have access to your safe-deposit box? □ Yes □ No

If yes:

Name: _____
Relationship: _____
Address: _____
_____

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	Spouse/Partner #1	**Spouse/Partner #2**
Does anyone owe you money?	□ Yes □ No	□ Yes □ No

If yes: Name: _____
Relationship: _____
Address: _____
_____

Name: _____
Relationship: _____
Address: _____
_____

	Spouse/Partner #1	**Spouse/Partner #2**
Do you owe anyone (other than credit cards, mortgages, and cars) money?	□ Yes □ No	□ Yes □ No

If yes: Name: _____
Relationship: _____
Address: _____
_____
Amount: _____

Name: _____
Relationship: _____
Address: _____
_____
Amount: _____

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	Spouse/Partner #1	**Spouse/Partner #2**
Are you currently receiving Supplemental Security Income (SSI) payments?	□ Yes □ No	□ Yes □ No
Are you currently covered by Medicaid?	□ Yes □ No	□ Yes □ No
Are you currently the beneficiary of any trust?	□ Yes □ No *If so, it would be very helpful for you to provide a copy of the trust document.*	□ Yes □ No *If so, it would be very helpful for you to provide a copy of the trust document.*
Are you an owner/partner of a business?	□ Yes □ No	□ Yes □ No

If yes: Name of business: _____
Status (member/partner/shareholder):_____
Type of organization (corporation/LLC/partnership/sole proprietorship):_____
Address of business:_____
Ownership share: _____
Approximate value: $_____
Do you have a buy-sell agreement in place? □ Yes □ No □ Don't Know
(If yes, please provide a copy)

Information for other members/partners/shareholders:

Name: _____
Relationship: _____
Address: _____
_____
Ownership share: _____

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Name: _____
Relationship: _____
Address: _____
_____
Ownership share: _____

(Attach additional sheets if necessary)

Do you have an accountant?	□ Yes □ No *If not, would you like a referral?* □ Yes □ No
Do you have an insurance agent?	□ Yes □ No *If not, would you like a referral?* □ Yes □ No
Do you have a financial advisor?	□ Yes □ No *If not, would you like a referral?* □ Yes □ No

****Please note that for larger estates where possible estate tax implications are present, more detailed financial information will be requested. The federal estate tax (and Georgia estate tax) only affects less than 2% of all possible estates, so for most estates it is not a consideration.****

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FAMILY INFORMATION

	Spouse/Partner #1	**Spouse/Partner #2**
Do you have any living children?	□ Yes □ No If yes, please list their names, address and ages below.	□ Yes □ No If yes, please list their names, address and ages below.
Are you currently expecting a child?	□ Yes □ No	If yes, please list your approximate expected due date: _____

Children:

Name: _____
Age: _____ D.O.B. _____
Address: _____
_____

Name: _____
Age: _____ D.O.B. _____
Address: _____
_____

Name: _____
Age: _____ D.O.B. _____
Address: _____
_____

Attach additional sheet if necessary. If any of the above-listed children have a parent other than spouse/partner #1 or #2, please also identify the other parent and provide his/her address.

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PLEASE NOTE: If any child of yours was born out of wedlock (at a time when you were not married to the child's other parent), your Will should state whether you want any such children to inherit or receive a share of your property in the same manner as children born within a marriage. The failure to address this issue can lead to expensive lawsuits regarding your estate. The same applies for any grandchildren born to unmarried children of yours. Please let us know if there are any out of wedlock children.

	Spouse/Partner #1	**Spouse/Partner #2**
Are any of your children adopted? If yes, please identify which children.	□ Yes □ No If yes, were any of your children age 18 or older at the time of adoption? □ Yes □ No	□ Yes □ No If yes, were any of your children age 18 or older at the time of adoption? □ Yes □ No
Do you plan to have or adopt additional children in the future?	□ Yes □ No □ Maybe	□ Yes □ No □ Maybe
Do you have any embryos, eggs, or sperm frozen or otherwise stored with a clinic or other storage facility? If yes, please identify the clinic and provide the address.	□ Yes □ No	□ Yes □ No
Did you have any children who are now deceased?	□ Yes □ No If yes, please list their names below and note whether they had any surviving	□ Yes □ No If yes, please list their names below and note whether they had any surviving

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	Spouse/Partner #1	Spouse/Partner #2
	children.	children.

Children now deceased:

Name: _____
Surviving children? □ Yes □ No

Name: _____
Surviving children? □ Yes □ No

Name: _____
Surviving children? □ Yes □ No

Name: _____
Surviving children? □ Yes □ No

Name: _____
Surviving children? □ Yes □ No

(Attach additional sheet if necessary.)

If applicable, please also identify the surviving children of your deceased children and provide contact information.

	Spouse/Partner #1	Spouse/Partner #2
Does anyone other than you or your spouse have legal custody (including joint custody) of any minor child of yours?	□ Yes □ No If yes, please list their names below.	□ Yes □ No If yes, please list their names below.

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Name of Child: _____
Name of Custodian: _____
Address of Custodian: _____
_____

Name of Child: _____
Name of Custodian: _____
Address of Custodian: _____
_____

	Spouse/Partner #1	**Spouse/Partner #2**
Do you have living parents? If so, please list their names and addresses. *(Attach additional sheet if necessary.)*		
Do you have living siblings? If so, please list their names and addresses. *(Attach additional sheet if necessary.)*		

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	Spouse/Partner #1	**Spouse/Partner #2**
Do you think any family member might object to your Will? If so, please indicate who and why.		
Is there any person who would otherwise inherit property from you but whom you wish to exclude under your Will?	□ Yes □ No If yes, please provide the name(s):	□ Yes □ No If yes, please provide the name(s):

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EXECUTOR

Executor: This is the person who will carry out the instructions in your Will. Your Executor need not be a lawyer or a financial expert, but should be someone who is responsible and trustworthy, and will ask for help from professionals when needed. Your Executor will have broad powers with regard to your assets, and therefore should be someone whom you trust. If there is no one in whom you have that much confidence, you may wish to consider naming a bank or requiring the posting of bonds and court oversight under the terms of your Will.

	Spouse/Partner #1	**Spouse/Partner #2**
Name		
Telephone No.		
Address:		
Do you wish to permit your named Executor to choose his or her own successor, if possible?	□ Yes □ No	□ Yes □ No

Successor Executor: This is the person who will carry out the instructions in your Will in the event that your Executor cannot handle the responsibility. Whether or not your primary Executor has the power to choose a successor, you should name a successor in any event, just in case the primary Executor fails to do so.

	Spouse/Partner #1	**Spouse/Partner #2**
Name		
Telephone No.		
Address:		

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TRUSTEE

Trustee: Wills prepared by Neal & Wright LLC typically contain provisions creating minor trusts for any of your children who are minors at the time of your death. We also recommend including a catch-all provision for any other minors who may inherit under your Will. The Trustee is the person who will carry out the instructions in your trust, and may or may not be the same person as your Executor. The Trustee may be the same person as the guardian of any minor children but may also be someone other than the guardian. Like the Executor, the Trustee should be someone who is honest and responsible and who will seek help from others when needed. We generally recommend that a married couple list the same people in the same order as there will rarely be a need for a Trustee unless both spouses are deceased.

You will be asked additional information about the trusts you wish to create below.

	Spouse/Partner #1	**Spouse/Partner #2**
Name		
Telephone No.		
Address:		
Should the Trustee have the authority to name his or her own successor Trustee?	□ Yes □No	□ Yes □No

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Successor Trustee: This is the person who will carry out the instructions in your Trust in the event that your Trustee cannot handle the responsibility. A Successor Trustee is recommended even if the primary Trustee has the authority to name successors, since the primary Trustee may not actually do so.

	Spouse/Partner #1	**Spouse/Partner #2**
Name		
Telephone No.		
Address:		

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GUARDIAN

If your spouse (or the other parent of your children) does not survive you, who should be named as guardian(s) to care for the children until they reach age 18?

Name(s): _____
Relationship to You: _____
Address: _____
_____

Who should serve as Successor Guardian(s) in the event the person or persons named above are unable to serve?

Name(s): _____
Relationship to You: _____
Address: _____
_____

Name(s): _____
Relationship to You: _____
Address: _____
_____

**** NOTE: If You have chosen joint Guardians or Successor Guardians, please indicate your desire in the event one of the joint Guardians predeceases you or is otherwise unable to serve as Guardian; i.e., would you want the remaining person named as joint Guardian to serve as the sole Guardian or would you want a Successor Guardian to substitute for the predeceased Guardian (or some other arrangement). Remember, also, that couples can divorce; if you select a couple as joint Guardians, and they divorce, who do you want to be the Guardian as between the two of them? ****

Georgia law provides that upon the death of a parent with custody of a minor child, the child's other parent, if living, automatically becomes the child's legal guardian. The deceased parent does not have the right to name someone other than the surviving parent without the consent of the surviving parent, unless the surviving parent's parental rights have been terminated. Note also that you may select Co-Guardians to have custody a minor child or children.

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DISPOSITION OF BODY, BURIAL, AND CREMATION

	Spouse/Partner #1	**Spouse/Partner #2**
Do you have special requests regarding your funeral or Memorial Service?	□ Yes □ No	□ Yes □ No
Do you desire to indicate in your Will that you will donate your organs for transplantation, if feasible, or to donate your organs, tissues, and/or body to science?	Transplantation: □ Yes □ No Organs/tissues/body to science: □ Yes □ No	Transplantation: □ Yes □ No Organs/tissues/body to science: □ Yes □ No
Burial?	□ Yes □ No If yes, where?	□ Yes □ No If yes, where?
Cremation?	□ Yes □ No If yes, ashes scattered? □ Yes □ No If yes, by whom and where?	□ Yes □ No If yes, ashes scattered? □ Yes □ No If yes, by whom and where?

Please use additional pages if needed to list any additional details you would like included in your Will.

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DEBTS OF THE ESTATE

Do you want your **estate** to pay any and all debts secured by your property (such as a mortgage) or do you want your property to pass to the **beneficiary** subject to the secured debt (making the person receiving the property responsible for the debt)? *Typically, the property will pass to the beneficiary subject to the secured debt so as to avoid excessive burdens on the executor; in some cases, however, it may be desirable for the secured debt to be retired (e.g., where the beneficiary has no means to pay the monthly required payments).*

□ Estate to pay debts

□ Pass to beneficiary subject to secured debt

□ Leave to discretion of Executor

HOUSE AND LAND

Please include copies of any deeds you have readily accessible.

Do you own a home (real estate) that you use as a primary residence? □ Yes □ No

Property Address: _____
Approximate Value: $_____

Is this property owned jointly with your partner/spouse? □ Yes □ No

If not, which of you owns it? _____

Is this property owned jointly with anyone other than your partner/spouse? □ Yes □ No

If yes, please indicate that person's name and address.

Name: _____
Address: _____

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Do you have a mortgage? □ Yes □ No

Balance of Mortgage (including second mortgages): $_____

Do you have mortgage life insurance? □ Yes □ No

Do you own any other real estate? □ Yes □ No

If yes, please provide the following information (*use additional sheets if necessary*):

Property Address: _____
Spouse/Partner Who is Owner: _____
Approximate Value: $_____

Is this property owned jointly with anyone? □ Yes □ No

If yes, please indicate that person's name and address.

Name: _____
Address: _____
_____

Do you have a mortgage? □ Yes □ No

Balance of Mortgage (including second mortgages): $_____

Do you have mortgage life insurance? □ Yes □ No

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BEQUESTS

Whom do you want to receive your real property (i.e., land and/or home)?

Name: _____
Property: _____

Name: _____
Property: _____

Name: _____
Property: _____

Whom do you want to receive your personal property (i.e., jewelry, furniture, etc.)?
(Attach separate list if necessary)

Item	**Person**

Do you have any pets? _____ Yes _____ No

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If so, do you wish to make provision for the care of your pets in your Will? _____ Yes _____ No

If so, please provide the following information:

Type of pet (i.e., cat, dog, fish, hamster, snake)	**Name of pet**	**Contact information for veterinarian**

Any remaining property is considered the "rest, residue and remainder" of your estate. This includes investment accounts, retirement accounts, other accounts held with financial institutions, cds, stocks, and etc. Whom do you want to receive

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this property? _____

_____

_____

Do you want these bequests to go to your beneficiaries immediately or only if the beneficiaries survive you by ___30, ___90 or _____180 days? If you choose 30, 90, or 180 days and the person dies within that time period, then the property you left to him/her goes back to your estate. If you do not specify a survival period, then that property would go to the beneficiary's estate if that beneficiary should die shortly after you do.

In the event that none of your descendants or named beneficiaries survive you, to whom should your property go? The standard provision is that the property will pass to those persons who would inherit absent a Will, meaning first, parents; second, brothers and sisters (or their descendants); then more distant relatives, etc.? An alternative is a charity, educational institution, or house of worship. _____

_____

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TRUST PROVISIONS

Payout Provisions for Minor Trust:

	Spouse/Partner #1	Spouse/Partner #2
If assets are held in trust for your children, when would you like the property held in trust to be distributed?	□ All at age 21 □ ½ at 21, ½ at 25 □ 1/3 at 21, 1/3 at 26, 1/3 at 30 □ Other:_____	□ All at age 21 □ ½ at 21, ½ at 25 □ 1/3 at 21, 1/3 at 26, 1/3 at 30 □ Other:_____

Other Trusts: If any child, grandchild, parent, or sibling of yours or any other beneficiary under your Will has a disability or special needs that entitles him or her to receive government assistance, your Will may need to include provisions to prevent making that person ineligible for public benefits. In addition, you may wish to leave money to a person who is not fiscally responsible and utilize a trust.

	Spouse/Partner #1	Spouse/Partner #2
Do any of your children suffer from any disability that might entitle the child to assistance from government or private assistance programs?	□ Yes □ No	□ Yes □ No
Are any of your children currently receiving Supplemental Security Income (SSI) payments? If yes, please identify which children.	□ Yes □ No	□ Yes □ No

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	Spouse/Partner #1	**Spouse/Partner #2**
Are any of your children currently covered by Medicaid? If yes, please identify which children.	□ Yes □ No	□ Yes □ No
Do you want to set up a trust for the property you are leaving to any adult who is not able to handle the property responsibly?	□ Yes □ No	□ Yes □ No
If so, for which person(s) or categories of persons (e.g., "my children")? Please note whether each person currently is an adult or a minor.		
If the person is a minor, when would you like the property held in trust to be distributed?	□ All at age 21 □ ½ at 21, ½ at 25 □ 1/3 at 21, 1/3 at 26, 1/3 at 30 □ Other:_____	□ All at age 21 □ ½ at 21, ½ at 25 □ 1/3 at 21, 1/3 at 26, 1/3 at 30 □ Other:_____
Is any other person to whom you wish to leave property disabled	□ Yes □ No	□ Yes □ No

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	Spouse/Partner #1	Spouse/Partner #2
and eligible to receive government benefits?		

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ADVANCE DIRECTIVES

Georgia Advance Directive for Health Care ("GADHC"): This document allows you to name an agent to speak for you regarding medical decisions in situations where you are unable (permanently or temporarily) to speak for yourself. You may also have your health care agent make decisions for you after your death with respect to an autopsy, organ donation, body donation, and final disposition of your body. This should be a person who knows you well enough to know what you would want done and whom you trust totally to make life and death decisions on your behalf. This portion of the GADHC replaces a durable power of attorney for health care.

	Spouse/Partner #1	**Spouse/Partner #2**
Do you want to select a health care agent? *Neal & Wright recommends that you select a health care agent if possible.* If yes, you will need to name both a primary agent and at least one (preferably 2) back-up agents.	□ Yes □ No □ Already have a durable power of attorney for health care. *If you select this option, please provide a copy.*	□ Yes □ No □ Already have a durable power of attorney for health care. *If you select this option, please provide a copy.*
Primary agent name, address, ALL telephone numbers, email address, and relationship to you:		
Back-up agent #1 name, address, ALL telephone numbers, email address, and relationship to you:		

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	Spouse/Partner #1	**Spouse/Partner #2**
Back-up agent #2 name, address, ALL telephone numbers, email address, and relationship to you:		

Part II of the GADHC allows you to state your treatment preferences if you have a terminal condition or if you are in a state of permanent unconsciousness. This part of the GADHC becomes effective only if you are unable to communicate your treatment preferences yourself. Reasonable and appropriate efforts must be made to communicate with you about your treatment preferences before this part of the GADHC becomes effective. This portion of the GADHC replaces a living will. *You will have a range of options which we will review at the signing of the documents. One of those choices is to select no preferences, indicating that you wish for your agent to make decisions for you in his or her own discretion.*

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Psychiatric Advance Directive ("PAD"): In 2022, Georgia passed the Psychiatric Advance Directive Act allowing for use of Psychiatric Advance Directives by those with known mental health conditions or who have specific concerns about the development of such conditions due to family history. This document allows you to communicate mental health care treatment preferences and desires directly through instructions written in the PAD and indirectly through appointing an agent to make mental health care decisions on your behalf. In addition to allowing you the option to appoint a mental health care agent, a PAD may include specific consent to or refusal of specified mental health care, the names and telephone numbers of individuals to contact in the event of a mental health crisis, triggers, and effective de-escalation responses for your mental health crises

	Spouse/Partner #1	**Spouse/Partner #2**
Are you interested in a Psychiatric Advance Directive? *Neal & Wright recommends that you only create a PAD if you have a known mental or emotional illness, developmental disability, an addictive disease, or specific concerns about the development of such conditions due to family history.*	□ Yes □ No □ Already have a psychiatric advance directive. *If you select this option, please provide a copy.*	□ Yes □ No □ Already have a psychiatric advance directive. *If you select this option, please provide a copy.*
Do you want to name an agent to make psychiatric health care decisions that is different than your GADHC health care agent? □ Yes □ No If so, please list the primary agent name, address, ALL		

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	Spouse/Partner #1	**Spouse/Partner #2**
telephone numbers, email address, and relationship to you:		
Back-up agent #1 name, address, ALL telephone numbers, email address, and relationship to you:		

A PAD provides you with a range of options to guide your agent and health care professionals regarding treatment of your mental health conditions in the event you are unable to communicate your own wishes during a crisis. If you are interested in a PAD, we will communicate throughout the drafting process to provide you with information about the range of preferences you can incorporate.

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Durable General Power of Attorney: This document allows you to name an agent who will have the power to handle your money and business affairs for your benefit while you are still alive. This does not interfere with your own rights when you are able to handle your business yourself. If there is no one whom you trust sufficiently to give your power of attorney, then relying upon court guardianship, which requires the posting of bonds and extensive oversight by the Probate Court, may be a better alternative.

	Spouse/Partner #1	**Spouse/Partner #2**
Do you want a general power of attorney? If yes, you will need to name both a primary agent and one (or two) back-up agents.	□ Yes □ No □ Already have a general power of attorney. *If you select this option, please provide a copy.*	□ Yes □ No □ Already have a general power of attorney. *If you select this option, please provide a copy.*
Primary agent name, address, telephone number(s), & relationship to you:		
Back-up agent #1 name, address, telephone number(s), & relationship to you:		

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	Spouse/Partner #1	**Spouse/Partner #2**
Back-up agent #2 name, address, telephone number(s), & relationship to you:		
Do you want your agent to have your financial power of attorney now (without your being disabled) or only if and when you are unable to manage your own affairs?	□ Effective Now** □ Effective only upon Disability	□ Effective Now** □ Effective only upon Disability

** *Recommended.*

If your power of attorney is effective now, it will be easier for your Agent to manage your affairs when needed, because the Agent will not have to prove your disability when dealing with others on your behalf. However, your Agent would also have the ability to transact business in your name even if you are not disabled. If your power of attorney is effective only upon disability, then you are protected until such time as you are disabled, but it will be more difficult for your Agent to manage your affairs, should that become necessary, since the Agent will have to prove your disability when dealing with others on your behalf. Generally, if your agent is someone (such as a spouse) whom you can trust, making your power of attorney effective now is best, because it eliminates the extra complication of proving disability.

	Spouse/Partner #1	**Spouse/Partner #2**
If effective only upon disability, how should that be determined?	□ Spouse □ Other Individual □ Committee □ Physician	□ Spouse □ Other Individual □ Committee □ Physician

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Your power of attorney should provide for your disability to be determined by some means other than a court order, because a court determination that your are disabled may void your power of attorney and require the appointment of a guardian. Typical means of proving disability are to require written certification, executed under penalty of false swearing, from your spouse, another family member or friend, by a committee of persons, or by your physician (or from two physicians). A physician should typically be a last choice, since most physicians are hesitant to make such a determination out of fear of being sued.

Comments or notes regarding determining disability:_____

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Designation of Stand-by Guardian: Georgia law may permit you to designate in advance who should be responsible for the care of your children (under age 18) in the event that you are still living but cannot care for them yourself (e.g., if you become terminally ill or are in a serious accident). The designation allows the named standby guardian, for a limited period of time, to exercise all of the authority over your children that you would normally exercise. This document is effective only if and when your doctor states in writing that your are unable to care for the children. Once in force, this form of guardianship lasts only four months. If you are still unable to care for the children at that time, the Probate Court must appoint a permanent or longer-term guardian. The purpose of this document is not to take children away but to provide a transition between the time when a parent is alive and unable to care for the children and either the parent's recovery or the parent's death. Both living parents must consent to a designation unless one parent has had his or her rights terminated or cannot be found. This document is generally <u>not</u> necessary where there are two legal parents who are married to each other and co-parenting or divorced and sharing custody. It may be helpful when one parent is deceased or completely absent from the child's life or when there is only one legal parent (e.g., where a child was adopted by a single parent or born to a single parent via surrogacy or other assisted reproductive technology).

	Spouse/Partner #1	**Spouse/Partner #2**
Do you want a designation of stand-by guardian?	□ Yes □ No □ Already Have *If you selected "already have," please provide a copy.*	□ Yes □ No □ Already Have *If you selected "already have," please provide a copy.*
If yes, for which child or children?		
If yes, what is the status of the child(ren)'s other parent?	□ Deceased □ Missing □ Parental rights terminated □ Available & willing to consent	□ Deceased □ Missing □ Parental rights terminated □ Available & willing to consent

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	Spouse/Partner #1	**Spouse/Partner #2**
If yes, who should serve as stand-by guardian? Please provide name and address.		

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ANY OTHER QUESTIONS, CONCERNS, OR ESTATE PLANNING GOALS NOT ADDRESSED BY THIS QUESTIONNAIRE?

PLEASE KEEP A COPY OF THIS QUESTIONNAIRE FOR YOURSELF

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