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145 TOWNE LAKE PARKWAY WOODSTOCK, GA 30188 (678) 445-7423

### HARTMANLAWFIRM.COM

744 NOAH DRIVE, #110 JASPER, GA 30143 (706) 253-7700

#### WEALTH TRANSFER PLANNING INFORMATION

## **CONFIDENTIAL**

Thank you for taking the time to fill out the following worksheet which will enable us to begin the process of evaluating your estate planning needs and begin drafting your documents. You are taking an important first step in your estate planning and we are pleased you have chosen Hartmanlaw, LLC to assist you with these important documents.

| Today's Date                              |                       |                                 |                                |                      |
|---|-----------------------|---------------------------------|--------------------------------|----------------------|
| Husband's Name                            |                       |                                 | Date of Birth                  |                      |
| Wife's Name  Primary Home/Mailing Address |                       |                                 | Date of Birth                  | <del></del>          |
|   |                       |                                 | County _                       | County               |
| City, State, Zip                          |                       |                                 |                                |                      |
| Home Phone                                |                       | Mobile (H)                      | Mobile (W)                     |                      |
| Husband's Email                           |                       |                                 |                                |                      |
| Wife's Email                              |                       |                                 |                                |                      |
| Has Husband or Wife                       | ever been married     | previously?(H)(V                | W)                             |                      |
| If so, to whom? (H)                       |                       |                                 |                                |                      |
| (W)                                       | )                     |                                 |                                |                      |
| List all children, in ad                  | ldition to children o | f this marriage. If not of this | s marriage, indicate the natur | ral parent as "H" or |
| Living Children:                          | <u>Name</u>           | Age                             | Married?                       | City of Residence    |
| 1)  |                       |                                 |                                |                      |
| 2)  |                       |                                 |                                |                      |
| 3)  |                       |                                 |                                |                      |
| 4)  |                       |                                 |                                |                      |
| 5)  |                       |                                 |                                |                      |

| <u>Decea</u> | ased Children: Name  |
|--------------|--|
| How v        | would you like your estate to be distributed upon your death?  |
|              |  |
|              |  |
|              |  |
| 1.           | Do your children (or grandchildren) have any problems or disabilities which should be considered in planning your estate? Do you have the responsibility for supporting anyone other than your children?   |
|              | If your children were to inherit your estate at a young age, at what age would you like them to receive control of their bequest? Common answers would be Age 18, Age 21, Age 25, etc. Until that age, the person you name as Trustee would handle and safeguard their bequest. We can also make provisions for partial distributions at different ages. Please describe your wishes in this regard:   |
| 2.           | Other than your children, do you wish to make any gifts or contributions of property or money to any friends, relatives, or charities? If so, please describe your bequest gift and the recipient.   |
| 3.           | If you, your spouse, and all of your descendants (children, grandchildren, etc.) were killed in a plane crash (or other common disaster), whom would you want to have your property?   |
| 4.           | (a) You will need to name an Executor to administer your Estate. The Executor will collect assets, pa the debts, file the necessary tax returns and distribute the assets from your Estate in accordance with th terms of the Will. Our standard Will and Power of Attorney also gives this representative access to you mobile devices, computer hard drive(s), laptops, social media accounts, online bank accounts, and othe "digital assets". It states that the representative shall have the power to access, handle, distribute, an dispose of your digital assets, and the power to obtain, access, modify, delete, and control passwords an |

The Executor may be an individual (spouse, close relative or friend) or it may be a corporate fiduciary (a

other electronic credentials associated with digital devices and digital assets.

|    | Initial Executor(s):                                  |  |
|----|---|--|
|    | Successor Executor(s):                                | 1)   |
|    |   | 2)   |
|    | will need to name a Trus<br>to the various beneficiar | rust set up under your Will to take care of your children and/or spouse, then you tee who will invest and manage the Trust assets and make payments from the Trust ies in accordance with the terms of the Will. The Trustee may be the same as the necessary. Whom would you name? You may name one successor or you may be wish. |
|    | Initial Trustee(s):                                   |  |
|    | Successor Trustee(s):                                 | 1)   |
|    |   | 2)   |
| 5. |   | guardian for your minor children (in case your spouse does not survive) whom ay name one successor or you may name more than one if you wish.  |
|    | Initial Guardian(s):                                  |  |
|    | Successor Guardian(s):                                | 1)   |
|    |   | 2)   |
| 6. | Do you or your spouse exconsidered in planning yo     | spect to inherit any substantial property in the near future which should be our estate?   |
|    | YesOR No  | If Yes, please describe:   |
| 7. |   | presently have wills or any revocable or irrevocable trusts? <b>If so, please bring ou to the planning session.</b>  |
| 8. | Have you or your spouse divorce decree or settlem     | ever been divorced? Do either of you have any financial obligations pursuant to a ent agreement?   |
|    | Yes OR No   | ·  |
| 9. | Mexico, Texas, Washing                                | ny of the following states: Arizona, California, Idaho, Louisiana, Nevada, New ton, or Wisconsin? (These states have some form of community property statutes anning for any property you own in these states).  |

bank), or you may have more than one person and/or a corporate fiduciary acting as Co-Executors. Whom would you name? You may name one successor or you may name more than one if you wish.

|     | 1 cs State(s)  | :  | OR No  |
|-----|--|--|--|
|     |  |  |  |
| 10. | Are you, and your spo  | use, a U.S. citizen(s)?  |  |
|     | Yes OR N   | Jo   |  |
| 11. | package. In this docu<br>document is used to h<br>time. However this of<br>presumed that you wo  | ment you will need to name someone<br>andle your affairs if (for example) you<br>ocument is useful for other reasons a   | y for you as a part of your estate planning you trust to be your power of attorney. This are in the hospital for an extended period of and is valid from the date you sign it. It is POA. But you can name someone else instead nore than one if you wish.       |
|     | Primary POA:   | Spouse OR Other:   |  |
|     | Successor POA:   | 1)   |  |
|     |  | 2)   |  |
|     |  |  |  |
|     | (Check one)  | only (not useable by your Agent unless y   | you are deemed incapacitated or incompetent)   |
|     | Springing POA  | only (not useable by your Agent unless your Agent unless your Agent this document can be used by your Agent  |  |
| 13. | Springing POA Immediate use ( We will be drafting a estate planning package will be responsible for presumed that you wo                                     | this document can be used by your Ager<br>Georgia Advance Directive for Health Que. In this document you will need to nator carrying out your end-of-life wishe  | Care ("Living Will") for you as a part of your me someone to be your health care agent who is as you state them on the document. It is health care agent. But you can name someone   |
| 13. | Springing POA Immediate use ( We will be drafting a estate planning package will be responsible for presumed that you wo                                     | this document can be used by your Ager<br>Georgia Advance Directive for Health Orge. In this document you will need to nator carrying out your end-of-life wisher<br>uld name your spouse as your primary Inh. You may name one successor or you | Care ("Living Will") for you as a part of your me someone to be your health care agent who is as you state them on the document. It is health care agent. But you can name someone   |
| 13. | Springing POA Immediate use ( We will be drafting a estate planning package will be responsible for presumed that you we else instead if you wis             | Georgia Advance Directive for Health Care. In this document you will need to nation carrying out your end-of-life wishe uld name your spouse as your primary lab. You may name one successor or you  Spouse OR Other:                            | the immediately, even if you're healthy)  Care ("Living Will") for you as a part of your me someone to be your health care agent who is as you state them on the document. It is health care agent. But you can name someone may name more than one if you wish. |
| 13. | Springing POA Immediate use ( We will be drafting a estate planning package will be responsible for presumed that you we else instead if you wis             | Georgia Advance Directive for Health Care. In this document you will need to nator carrying out your end-of-life wishe uld name your spouse as your primary In. You may name one successor or you  Spouse OR Other:  Address:                    | Care ("Living Will") for you as a part of your me someone to be your health care agent who is as you state them on the document. It is health care agent. But you can name someone may name more than one if you wish.   |
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| 13. | Springing POA Immediate use ( We will be drafting a estate planning packag will be responsible f presumed that you we else instead if you wis Primary Agent: | Georgia Advance Directive for Health Care. In this document you will need to nation carrying out your end-of-life wisher uld name your spouse as your primary In. You may name one successor or you  Spouse OR Other:  Address:  Home Phone:     | Care ("Living Will") for you as a part of your me someone to be your health care agent who is as you state them on the document. It is health care agent. But you can name someone may name more than one if you wish.  Cell Phone:                              |

|     | taking | r, or your spouse's, estate (wh<br>into account all personal and<br>ts, life insurance policies, clos | real property, stocks, b  | onds, bank accoun   | its, retirement funds and |
|-----|--------|---|---------------------------|---------------------|---------------------------|
|     | Yes _  | Estimated at \$   |                           | OR                  | No                        |
|     | Please | e list the following assets for p   | planning consideration:   | (DO NOT GIVE A      | CCOUNT/POLICY NUMBER      |
|     | (a)    | Real Estate Owned (list ad  | dress)                    |                     |                           |
| 1.  |        |   |                           | (Estimated value)   | ) \$                      |
| 2.  |        |   |                           | (Estimated value)   | \$                        |
| 3.  |        |   |                           | (Estimated value)   | ) \$                      |
|     | (b)    | Life Insurance Policies (lis  | et carrier)               |                     |                           |
| 4.  |        |   | (Estimated value) \$_     |                     | (Beneficiary)             |
| 5.  |        |   | (Estimated value) \$      |                     | (Beneficiary)             |
| 6.  |        |   | (Estimated value) \$      |                     | (Beneficiary)             |
|     | (c)    | IRAs, Investment Account  | s, 401(k)s (list inves    | tor & type)         |                           |
| 7.  |        |   | (Estimated value) \$_     |                     | (Beneficiary)             |
| 8.  |        |   | (Estimated value) \$      |                     | (Beneficiary)             |
| 9.  |        |   | (Estimated value) \$      |                     | (Beneficiary)             |
| 10. |        |   | (Estimated value) \$_     |                     | (Beneficiary)             |
|     | (d)    | Cash/Savings Accounts   | (List Banking institution | on – DO NOT GIV     | E ACCOUNT NUMBER          |
| 11. |        |   | (Estimated balance) \$_   |                     | (Beneficiary)             |
| 12. |        |   | (Estimated balance) \$_   |                     | (Beneficiary)             |
| 13. |        |   | (Estimated balance) \$_   |                     | (Beneficiary)             |
|     | (e)    | Closely held business/corp  | oration or partnership in | nterests (list name | ·)                        |
| 14. |        |   | % C                       | wned                | (Est. Value) \$           |
| 15. |        |   | % C                       | wned                | (Est. Value) \$           |
| 16. |        |   | % C                       | )wned               | (Est. Value) \$           |

| Additional Questions, Notes, Concerns or Other Items you would like to discuss or address: |  |  |  |  |
|--|--|--|--|--|
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\*\* Please return this completed form via email to your attorney or fax to (678) 445-7431. \*\*

YOU MUST SIGN AND RETURN THE NEXT TWO PAGES ALONG WITH THIS FORM

#### Dear Estate Plan client:

You have retained me and the law firm of Hartmanlaw, LLC to perform estate planning services for you. Those services will include a review of your assets and liabilities, meeting with you to determine your financial and estate planning objectives, and the preparation of various documents, which may include Wills, Trusts, and possibly a Marital Agreement governing your relative rights in each other's property during lifetime and/or at death.

Although you share a common interest in developing an estate plan, you should also understand that our estate planning recommendations may affect your relative interests differently. Any agreements or documents we prepare may have disproportionate consequences to each of you. Although we will attempt not to act as advocate for one of you in connection with your estate planning to the detriment of the other, that objective may not be possible to attain in an absolute sense. In other words, one or the other of you may receive relatively greater benefits under the recommended marital agreement than you would in the absence of an agreement. Furthermore, it obviously will not be possible for us to maintain the confidentiality of information relating to your estate planning as between the two of you. Accordingly, our representation of both of you creates a conflict of interest of which you should be aware.

On the other hand, dual representation in circumstances such as these may be far more economical than for you each to retain separate counsel to develop an estate plan. In addition, your overall estate planning may be better coordinated by dual representation. It is our present belief that, under existing circumstances, we can represent both of you without adversely affecting our attorney-client relationship with either of you. Nevertheless, you each should feel free to seek independent counsel if you prefer so that your respective interests are independently represented and any confidences are preserved.

If you wish for us to represent both of you, please execute the enclosed Consent to Dual Representation and return it to me for my records.

| Andrew Hartman |
|----------------|
|                |
|                |
| Initals:       |

Very truly yours,

# **Consent to Representation Despite Conflicts**

I have reviewed the above, and I realize that there are many areas of differing interests, as well as potential or real conflicts of interest between my husband and me in connection with our estate planning and related matters. I understand that, at any time, either my husband or I may have separate, independent counsel in connection with these matters. After considering all of the above, I request that you and your firm represent me in my estate planning and related matters. I also understand that, as between each of us and you and your firm, confidential communications you receive from either of us may be shared with the other; however, as to third parties, you will maintain our confidences.

| [Wife]  |
|---|
| I have reviewed the above, and I realize that there are many areas of differing interesting interesting in the control of the |
| potential or real conflicts of interest between my wife and me in connection w  |

I have reviewed the above, and I realize that there are many areas of differing interests, as well as potential or real conflicts of interest between my wife and me in connection with our estate planning and related matters. I understand that, at any time, either my wife or I may have separate, independent counsel in connection with these matters. After considering all of the above, I request that you and your firm represent me in my estate planning and related matters. I also understand that, as between each of us and you and your firm, confidential communications you receive from either of us may be shared with the other; however, as to third parties, you will maintain our confidences.

| [Husband] |  |  |
|-----------|--|--|