SIMPLE WILL PACKAGE
Information Form for Married Couples

<u>NOTICE REGARDING SIMPLE WILLS: PLEASE READ</u>

Simple Wills are just that—simple. Essentially, such documents provide that all assets are left to the surviving spouse, or to the children if the spouse is also deceased. Such Wills involve no estate tax planning provisions, no trusts, and no complicated specific gifting provisions. A simple will is merely a way for you to direct to whom your property will go, direct who will be in charge of your estate (i.e., an executor), and who will be nominated as guardian of your minor or disabled children, if any.

A simple will is not for everyone. Simple wills may work best for couples whose combined assets (including real estate, cash, stocks, bonds, life insurance policies) are well under one million dollars ($1,000,000.00). If your combined assets are over this amount, you should speak with one of our attorneys about whether this package and type of Will is right for you. **Couples whose assets are in excess of one million dollars should speak to one of our attorneys before proceeding.**

<u>TERMS OF SERVICE</u>

If your situation fits into the simple Will category described above, please complete the following form and mail it to our office at the address shown below along with a check for $550.00 as a retainer for our services. We will draft your Wills, Powers of Attorney, and Advance Health Care Directives, then mail/email them to you for review. We will bill against this retainer upon mailing/emailing your drafts. It will be your responsibility to call us to make revisions or to set an appointment to have your documents signed in our office. **<u>By signing on the last page of this form, you are agreeing to these terms of service and acknowledging that you meet the simple Will criteria set forth above.</u>**

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Estate Planning Worksheet

The information requested on this worksheet may seem like *very private information*, but it is very important that an estate planner understands your present situation and your wishes for the future. This information enables us to plan the estate to accomplish future goals and to save on taxes and administrative expenses.

If all information on this worksheet is identical for you and your spouse complete only one worksheet. If information for each spouse differs, make a copy of this worksheet so each of you has a separate one.

CONFIDENTIALITY NOTICE: Information provided is held in complete confidence, and is used for the sole purpose of analyzing estate planning needs and designing estate planning documents.

Date

Husband

First Name | MI | Last Name

Preferred Name | Email Address | Date of Birth

Wife

First Name | MI | Last Name

Preferred Name | Email Address | Date of Birth

Address

City | State | Zip | County

Phone Number | His Cell | Her Cell

Date of Marriage: _____________

What is your primary motivation for considering estate planning? *(Select one or more)*

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.?____

DO YOU PREFER TO HAVE YOUR DRAFTS MAILED OR EMAILED?

	Husband	Wife
Do you presently have a will?	☐ Yes ☐ No	☐ Yes ☐ No
Were there any previous marriages? If yes, year marriage ended in: __________________________	☐ Yes ☐ No	☐ Yes ☐ No
Are any of your children not from your current relationship?	☐ Yes ☐ No	☐ Yes ☐ No
Do any of your children or other beneficiaries have disabilities?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, please describe briefly: ____

____

____

	Husband	Wife
Are you a U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Have you entered into any agreements with your spouse (such as a prenuptial or community property agreement)?	☐ Yes ☐ No	☐ Yes ☐ No
Do you or any family member or potential beneficiaries have any serious health problems?	☐ Yes ☐ No	☐ Yes ☐ No

If yes, please describe briefly: ____

____

Do you hold everything jointly with your spouse, or is some property separate? ☐ All joint (except IRA's, pensions, etc.) ☐ Some separate

Net Worth: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs, and anything else you own except death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse?_______________________________

What is the value of death benefits on life insurance? Insuring Husband _____ Insuring Wife _____

What is the total amount of your outstanding liabilities? _________________

Children or Other Beneficiaries

Name	Address	Telephone No.	Date of Birth	Relationship

Appointments

1. **Executor.** The will should name an executor to probate the estate (e.g., spouse as executor, with a child, relative, friend, or corporate trustee as alternate. In situations where there are children by a previous relationship, spouse as primary personal representative may not be appropriate.)

   Personal Representative: ____

   Alternate: ____

   Second Alternate: ____

2. **Health Care Agent.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? It is not necessary to appoint the same person who is your trustee or personal representative as your health care agent. ***<u>YOU MUST SUPPLY ADDRESS AND PHONE NUMBER(S)</u>*****.**

   Health Care Agent: ____

   Address____

   Phone Numbers____

   Alternate : ____

   Address____

   Phone Numbers____

3. **Agents Under Power of Attorney.** In a Durable Power of Attorney, you name someone or some persons to act on your behalf with respect to the financial/business side of your life (banking, property, insurance, etc.). As you are giving someone full authority to act on your behalf, the person(s) you name as your Agent/Attorney in Fact needs to be someone in whom you have the greatest trust and confidence.

   Primary Agent:____

   Address____

   Alternate Agent:____

   Address____

Please complete this section only if you have minor beneficiaries or beneficiaries with disabilities.

4. **Guardian.** If you have child(ren) or other beneficiary(ies) who are minors or who have special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve.

   Guardian: ____

   Alternate: ____

   Second Alternate:____

Plan of Distribution

1. **Plan of Distribution**: Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made.

   ☐ All to spouse; then among children, and if a child didn't survive, the deceased child's share to the deceased child's children.

   ☐ All to spouse, then equally among surviving children.

   ☐ All to spouse, then ____

   ☐ As follows: ____

   ____

2. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your spouse, nor your children/other beneficiaries named above survive. For example, should the property go to a charity, religious organization, college or university, or

   ____

   ____

NOTE: We will provide in your Wills for any distributions to persons under the age of 21 to made to a custodial account under the Georgia Transfers to Minors Act. No trusts for minors are included in the simple Will package.

General Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.

Certification and Acknowledgment

We hereby certify that the information provided to the Bettis Law Group, LLC in the foregoing client information form regarding creation of our simple Wills, durable powers of attorney, and health care directives is true and accurate to the best of our knowledge. We acknowledge that a simple Will package does not include tax planning provisions, trusts, special needs/disability planning, and does not contemplate substantial future growth of our assets above the federal estate tax exemption amount (currently three and one half million dollars per person) (this amount is scheduled by law to be one million per person in the year 2011). We acknowledge that it is our responsibility to update and revise our estate plan should our financial circumstances significantly increase (i.e., combined assets above one million dollars) or if federal legislation changes the estate tax scheme.

Furthermore, as a retainer for preparation of our Wills, Powers of Attorney, and Health Care Directives, we herewith tender a check in the amount of $550.00 payable to Bettis Law Group, LLC. It is understood that this $550.00 is intended to cover the preparation and signing appointment for our documents; however, we understand that if we request additional services above and beyond the simple will package, additional fees will be incurred at an agreed upon fee. We understand that we will be billed against this retainer when our drafts are mailed to us regardless of whether we ever return to execute our documents, and we acknowledge that the Bettis Law Group, LLC has earned the fee upon mailing/emailing our drafts to us. We understand that it is our responsibility to contact Bettis Law Group, LLC to make revisions to our documents and/or to schedule an appointment to sign our documents.

Dated this _______ day of ________________, 20___.

____
Signature
Printed Name____________________________

____
Signature
Printed Name____________________________

NOTE: Bettis Law Group, LLC will not set up your file or prepare your documents until we received this completed form, signed by you and your spouse, along with the requested retainer fee.