

SIMPLE WILL PACKAGE

Information Form for Single Individuals

NOTICE REGARDING SIMPLE WILLS: PLEASE READ

Simple Wills are just that—simple. Essentially, such documents provide that all assets are left to the person or organization of your choice. 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 individuals whose assets (including real estate, cash, stocks, bonds, life insurance policies) are well under one million dollars (\$1,000,000.00). If your 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.

TERMS OF SERVICE

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 \$450.00 as a retainer for our services. We will draft your Will, Power of Attorney, and Advance Health Care Directive, 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. **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.**

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Estate Planning Worksheet for Single Individuals

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.

This worksheet is intended for single clients. If you are married, please request the appropriate estate planning worksheet from us.

Estate planning is very important for singles as well as couples. Plan of distribution for singles is not obvious and most or all assets will be probated since joint tenancy with a spouse is not an appropriate method of avoiding probate.

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

First Name

MI

Last Name

Preferred Name

Email Address

Date of Birth

Address

City

State

Zip

County

Phone Number

Cell Phone

Other Phone

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?

Client

Do you presently have a will?

Yes No

Were there any previous marriages?

Yes No

If yes, year marriage ended in: _____

Also, if yes, was there a Court Order regarding custody/care of children? _____

Do any of your children or other beneficiaries have disabilities?

Yes No

If yes, please describe briefly: _____

Are you a U.S. citizen?

Yes No

Do you or any family member or potential beneficiaries have any serious health problems?

Yes No

If yes, please describe briefly: _____

Net Worth: If you added the value of all property you own 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 your estate? _____

What is the value of death benefits on life insurance insuring you? _____

What is the total amount of your outstanding liabilities? _____

Children or Other Beneficiaries

Name	Address	Telephone Number	Date of Birth	Relationship

Appointments

1. **Executor.** The will should name an executor to probate the estate—this person will gather your assets and distribute them according to the terms of your Will.

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 executor as your health care agent, but this may be the same person. **YOU MUST SUPPLY ADDRESS AND PHONE NUMBER(S).**

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 where you would want assets remaining after any specific gifts are distributed.

- Equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- Equally between surviving children
- As follows:

2. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, nor your children/other beneficiaries named above survive.

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

3. **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:

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.

Certification and Acknowledgment

I hereby certify that the information provided to the Bettis Law Group, LLC in the foregoing client information form regarding creation of my simple Will, durable power of attorney, and health care directive is true and accurate to the best of my knowledge. I 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 my 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). I acknowledge that it is my responsibility to update and revise my estate plan should my 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 my Will, Power of Attorney, and Health Care Directive, we herewith tender a check in the amount of \$450.00 payable to Bettis Law Group, LLC. It is understood that this \$450.00 is intended to cover the preparation and signing appointment for my documents; however, I understand that if I request additional services above and beyond the simple will package, additional fees will be incurred at an agreed upon fee. I understand that I will be billed against this retainer when my drafts are mailed/emailed to me regardless of whether I ever return to execute my documents, and I acknowledge that the Bettis Law Group, LLC has earned the fee upon mailing/emailing my drafts to me. I understand that it is our responsibility to contact Bettis Law Group, LLC to make revisions to my documents and/or to schedule an appointment to sign my documents.

Dated this _____ day of _____, 20____.

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, along with the requested retainer fee.