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ESTATE PLANNING INTAKE QUESTIONNAIRE INDIVIDUAL

Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Additionally, when giving information about a minor, please provide the email and phone number for the child's guardian instead of the child.

Today's Date: _____

PERSONAL INFORMATION

Preferred Name: _____

Complete Legal Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____ Marital Status: _____

EMPLOYMENT/BUSINESS

Name of Name Business/Employment: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Type of Business: _____

Form of Ownership (sole proprietor, partner, limited partner, corporation, other): _____

CASH, BANK ACCOUNTS, CERTIFICATES OF DEPOSIT INFORMATION

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Date: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Date: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Date: _____

Name on Account: _____ Account Type: _____

Bank/Institution: _____ Number: _____ Maturity Date: _____

Safe Deposit Boxes: _____



REAL PROPERTY INFORMATION

(Include Residential, Business, Recreational, Rental, Timeshare, Foreign Real State, Other)

Type: _____

Name(s) on Title: _____

Assessed Value: _____

Type: _____

Name(s) on Title: _____

Assessed Value: _____

Type: _____

Name(s) on Title: _____

Assessed Value: _____

SECURITIES, STOCKS, BONDS, GOVERMENT BONDS INFORMATION

STOCKS

Title: _____

Company Name: _____

Title: _____

Company Name: _____

U.S. SAVING BONDS

Title: _____ Serial Number: _____

Date of Issue: _____

Title: _____ Serial Number: _____

Date of Issue: _____

BONDS

Title: _____ Serial Number: _____

Issuer: _____

Maturity Date: _____

Value at Maturity: _____

Title: _____ Serial Number: _____

Issuer: _____

Maturity Date: _____

Value at Maturity: _____



INSURANCE AND ANNUITIES

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

Insurer: _____ Beneficiary: _____

Policy Number: _____ Amount: _____

MOTOR VEHICLES AND OTHER VEHICLES (BOATS, CAMPERS, MOTORBIKES, ETC.)

Make, Model, Year	Titleholder

ASSETS

Asset	
Personal Effects	
Home (Principal)	
Other Real Estate	
Bank Accounts & Certificates of Deposit	
Marketable Securities	
Non-Marketable Sec.	
Business Interests	
Life Insurance	
IRAs or Similar Accts	
Pension or Profit-Sharing Benefits	
Other	
Total	



LIABILITIES

Liability	
Current Debts Bank	
Loans	
Mortgages Payable	
Income Taxes	
Life Insurance Loans	
Other Debts	
Total	

Estimated Combined Present Net Worth: _____

OTHER ASSETS

Are you currently a beneficiary of an estate or trust? (Includes trusts where you have an expectancy after a prior interest):

Yes No

Name of Estate/Trust	Relationship	Trustee	Value of Your Interest

Do you have any expected inheritances from your parents or other relatives: Yes No

If yes, please state:

Person Who May Leave You Something	Relationship	Age	Value of Your Interest

Safe Deposit Box(es) Locations: _____ Name on Box: _____

Safe Deposit Box(es) Locations: _____ Name on Box: _____



CHILDREN AND STEP-CHILDREN

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Date of Death: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Date of Death: _____

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____ Date of Death: _____

GRAND CHILDREN

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Date of Birth: _____

Parent Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Date of Birth: _____

Parent Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Date of Birth: _____

Parent Name: _____



INFORMATION FOR LAST WILL AND TESTAMENT

EXECUTOR/EXECUTRIX

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

If above named agent is not available:

ALTERNATE EXECUTOR 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

ALTERNATE EXECUTOR 2

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

GUARDIAN FOR MINOR CHILDREN

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____

Sex: _____ Relationship: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____



AGENT UNDER DURABLE POWER OF ATTORNEY

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ E-mail: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ E-mail: _____

HEALTH CARE AGENT

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ E-mail: _____

If above named agent is not available:

ALTERNATE AGENT 1

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ E-mail: _____

ALTERNATE AGENT 2

Name: _____
Sex: _____ Relationship: _____
Present Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Ext.: _____
Cell Phone: _____ E-mail: _____



OTHER INFORMATION / ESTATE PLANNING GOALS

You may submit this intake form by email to info@motorwills.com.