WESSELS & GERBER, P.C.

Attorneys at Law 123 South Hill Street Griffin, Georgia 30223 www.wesselsandgerber.com

O: (770) 229-7140 F: (470) 204-3732

CLIENT WILL QUESTIONNAIRE

1. Client I Client's Na			
Chefft S Na	First	Middle Last	
Client's Ad	dress:		
	Street	Suite Number	
City	/ State / Zip Code	County	
Home Num	ber:	Work Number:	
Cell Numbe	er:	Email Address:	
Last Four o	f SS #:	DOB:	
-	nember of a legal plan? (Ye No.:	N) If Yes, which one? Hyatt Member Id:	
Married (Y If yes:	<u>N</u>)		
•	Address:	Cell:	
2. Childre	en		
Child 1:	Address:		
Child 2:	Address:		
Child 3:	Address:		
Child 4:	Name: Address: Email:		

A	Address:		
	fill out the remainder	der the first part of this section are under the age of this section. If no child is under the age of 18	
Property Guar	dian		
•		vill be the financial guardian:	
Financial Guard	ian: Name:	Cell:	
	Address:		
	Email:		
Alternate	a· Nama·	Cell:	
Alternati			
•	d(ren) under 18 who wil	ll be the personal guardian: n above? (YN)	
Personal Guardi	an: Name:	Cell:	
i ersonar Guarui		Cen	
	Email:		
	Eman.		
Alternate	e: Name:	Cell:	
Trust Distribut	 .		
Trust Distribut		Call	
Trustee.		Cell:	
	Eman		
Alternate	e: Name:	Cell:	
	Email:		
What ages do w			
what ages do yo	ou want the funds distrit	outed, for what purposes and how much?	

Address:	Executor:	Name:	Cell:
Alternate: Name: Cell: Address: Email: Section covers how you would like your assets to be distributed. Please answer each question that is relevant to your situation. Primary Beneficiary: 1. If you are married, do you plan to leave your entire estate to your spouse? Y N If no to whom: 2. If you are not married, do you plan to leave your entire estate to your children? Y If no to whom:			
Address:		Eman.	
Email:	Alternate:		
This section covers how you would like your assets to be distributed. Please answer each uestion that is relevant to your situation. Trimary Beneficiary: 1. If you are married, do you plan to leave your entire estate to your spouse? Y N If no to whom: 2. If you are not married, do you plan to leave your entire estate to your children? Y If no to whom:			
 If you are married, do you plan to leave your entire estate to your spouse? Y N If no to whom: If you are not married, do you plan to leave your entire estate to your children? Y If no to whom: If you are not married and have no children, please list below the person, entity, or 	This section covers	•	
2. If you are not married, do you plan to leave your entire estate to your children? Y If no to whom: 3. If you are not married and have no children, please list below the person, entity, or	Primary Beneficiary	<u>v</u> :	
If no to whom: 3. If you are not married and have no children, please list below the person, entity, or		arried, do you plan	to leave your entire estate to your spouse? Y N
	<u>-</u>	ot married, do you p	plan to leave your entire estate to your children? Y N
	=		
Successor Beneficiary: If your primary beneficiary listed above predeceases you then please list below the full legal name of the person or persons you would like to receive your assets.		eficiary listed above	

Charitable Inst	titutions	(Optional):		
			ar estate to charitable institutions? YN	
		on and how muc		
Othor Cifts on	Davisas	(Ontional)		
Other Gifts or			articular individuals to receive please list such items	and
•		aid items on the	•	una
		ole Power of Att		
			uthorized to make financial decision for you in th	ie
eve	ent that	you are hospita	alized or incapacitated?	
POA:	Nama		Cell:	
roa.			Cen	
	Lillaii.			
6. Advanced	Health	care Directive		
			are agent authorized to make decision for you in	the
		•	alized, unresponsive or incapacitated?	tiit
		you are nospita	andea, university of meapuritation	
Primary Agent	t:	Name:	Email:	
, ,		Address:		
		Home:	Cell:	
		Work:		
			P. 11	
Contingent Ag			Email:	
		Address:	Call.	
			Cell:	
		WOIK:		
h Tre	aatmant	Preferences:		
<i>D.</i> 110	catiliciit	, I references.		
Guardian: <u>Y</u>	N			
	_			
	-		Email:	
		Home:	Cell:	
		Work		

7.	General Notes: