

F. LEE PERKINS, P.C.

Attorneys at Law
327 E. Main St.

Cartersville, Georgia 30120

Phone: 770-386-1980

Fax: 770-386-6380

WILL INFORMATION SHEET

Please review the information requested below and respond to all of the applicable requests. Feel free to use the back of the form, or additional paper if necessary.

Full Name: _____

Address: _____

Date of Birth: _____ County of Residence: _____

Phone Number: _____ Email: _____

Full Name of Spouse: _____

Spouse Date of Birth: _____

Full Name of Children & Dates of Birth: _____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

Executor Name: _____

Executor Address: _____

Relationship, If any: _____

Alternate Executor Name: _____

Alternate Executor Address: _____

Relationship, If any: _____

Does The Total Value of Your Estate, Including Life Insurance, Exceed \$5,000,000.00?

_____ YES _____ NO

Have you given any gifts during your lifetime that would exceed \$250,000?

_____ YES _____ NO

Please list the parties that you wish to leave your property, both real and personal. You may desire to leave it all to one person, or you may desire to leave specific items to particular individuals or groups. You may continue on the back of this page or an additional sheet if necessary.

To: _____ Relationship, If any: _____

Item(s): _____

Alternate Recipient in event

First Choice is unable to receive: _____ Relationship: _____

To: _____ Relationship, If any: _____

Item(s): _____
Alternate Recipient in event
First Choice is unable to receive: _____ Relationship: _____

To: _____ Relationship, If any: _____

Item(s): _____
Alternate Recipient in event
First Choice is unable to receive: _____ Relationship: _____

Guardian for Minor Children: _____ Address: _____

Alternate Guardian _____ Address: _____

(If different than Guardian)
Trustee For Minor Children: _____ Address: _____

Alternate Trustee: _____ Address: _____

POWER OF ATTORNEY:

Please list the name, address and phone number for the person you would like to appoint as your attorney in fact in a power of attorney. If you would like an alternate, please also list the name, address & phone number of that person.

Primary: _____

Secondary: _____

ADVANCE MEDICAL DIRECTIVE:

Please list the name address and phone number of the person you would like to appoint to make medical decisions on your behalf, should you be unable to make them yourself. If you would like an alternate, please also list the name, address & phone number of that person.

Primary: _____

Secondary: _____
