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**LAST WILL AND TESTAMENT**  
**WORK SHEET**

I. PERSONAL INFORMATION:

Name: \_\_\_\_\_

Please give full name... circle or underline maiden name.

Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Shift or Hours: \_\_\_\_\_

Are you a U.S. Citizen? YES NO

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II. CHILDREN:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Are any of your children special needs children? If so, please list their name(s):

\_\_\_\_\_  
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III. SPOUSE/LIFE PARTNER (Complete if applicable)

Name: \_\_\_\_\_

Please give full name.... Circle or underline maiden name.

Address: \_\_\_\_\_

(If different from yours)

Home Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(If different from yours)

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Shift or Hours: \_\_\_\_\_

Is your spouse a U.S. citizen? YES NO

Have you and your spouse ever lived together, while married, in the following states:  
CA, WA, NV, AZ, NM, TX, ID, LA, WI? (If YES, please circle applicable state(s).)

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IV. OTHER LINEAL DESCENDENTS – If you have a deceased child or children who left a living child or children, please name each deceased child and the deceased child's children (your grandchildren) below:

1. Name of Deceased Child: \_\_\_\_\_

a).Grandchild: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

b). Grandchild: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name of Deceased Child: \_\_\_\_\_

a). Grandchild: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

b). Grandchild: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

5. Other: (Please describe)

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6. Please list other people you intend to give money or property to and their relationship to you (brother, sister, friend, neighbor, etc.):

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**DO ANY OF THE BENEFICIARIES HAVE ANY SPECIAL NEEDS (MEDICAID/SSI, ETC.)? YES/NO (Circle One) LIST AND EXPLAIN:** \_\_\_\_\_

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V. EXECUTOR/EXECUTRIX. Please name the person who will be responsible for settling your estate, as well as two backups.

1. Executor/Executrix: Name: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

2. First Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

3. Second Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_

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VI. DISPOSITION OF MY ESTATE

**DO YOU HAVE MORE THAN \$2 MILLION IN ASSETS (INCLUDING INSURANCE)?: YES/NO (Circle One)**

A. **Specific Bequests.** If you have specific items you wish to go to specific people please list here (other than real property (land and buildings on that land):

	Property	Recipient	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

B. **Real Property.** This is who you want the real property (land and buildings) to go to. Please attach a photocopy of the deeds if you have them):

Property (list address)	Recipient	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

C. **Residue and Remainder.** This is who you want the remainder of your property not listed above to go to:

Check one:

1. \_\_\_\_\_ All to spouse/life partner, if spouse/life partner survives me; if not, equally to such of my children who survive me; provided that if a child who does not survive me leaves a child or children who do survive me, they take the deceased child's share. (This last part is called "with representation.")
2. \_\_\_\_\_ All to my children equally, "with representation" (as described in #1 above).
3. \_\_\_\_\_ All to my children equally, "without representation" (that is, if they do not survive me, neither they nor their children take).
4. \_\_\_\_\_ All to the following named people equally

Check one: \_\_\_\_\_ with representation:

\_\_\_\_\_ without representation:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

5. \_\_\_\_\_ Other. Distribute the residue and remainder of my property as follows:

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Unless you specify otherwise the definition of "children" shall include those born out of wedlock as well as adopted children. Do you wish to exclude adult adoption?  
Yes/No (Circle One) Comments: \_\_\_\_\_  
\_\_\_\_\_

I would like my property to go to the following charity if there are no heirs at law or if my will is contested: \_\_\_\_\_  
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VII. GUARDIAN/CONSERVATOR OF MINOR CHILDREN. This will be the person you wish to take care of your children and their property after you pass away:

1. Guardian/Conservator: Name: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

2. First Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

3. Second Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

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VIII. TRUSTS

Our Will contains a standard provision to allow bequests to a minor to be held in trust until the minor turns the age of 21. The assets can be used for the health, support and maintenance of the minor . If there is a different age you wish to use please specify:\_\_\_\_\_.

Please name a trustee to manage the trust:

1. Trustee: Name: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

2. First Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

3. Second Alternate: \_\_\_\_\_

Address/Phone #: \_\_\_\_\_  
\_\_\_\_\_

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IX. BURIAL

If you have a cemetery plot, or if you desire to be buried in a specific town, cemetery, family plot, or the like; or if you have other burial instructions, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X. MISCELLANEOUS

Please tell me anything else you think we might need to know.

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Name of your Accountant: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of your Financial Planner: \_\_\_\_\_

Phone number: \_\_\_\_\_

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**XIV. Name of person to be your Financial Power of Attorney Agent.** This will be a person authorized to make financial decisions for you. (This is particularly important for times when you are disabled. Please make sure this is a person you can completely trust):

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Name of Back-up Agent(s):

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**XV. Please complete the following information for the GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE.** This document will allow you to specify a person to make health care decisions for you should you be unable to make them for yourself.:

**Your Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Full Name of Health Care Agent:** \_\_\_\_\_

Address of Health Care Agent: \_\_\_\_\_

Telephone Numbers of Agent: \_\_\_\_\_  
(work, home, cell)

**Full Name of 1<sup>st</sup> Back Up Agent:** \_\_\_\_\_

Address of 1<sup>st</sup> Back Up Agent: \_\_\_\_\_

Telephone Numbers of 1<sup>st</sup> Back Up Agent: \_\_\_\_\_  
(work, home, cell)

**Full Name of 2<sup>nd</sup> Back Up Agent:** \_\_\_\_\_

Address of 2<sup>nd</sup> Back Up Agent: \_\_\_\_\_

Telephone Numbers of 2<sup>nd</sup> Back Up Agent: \_\_\_\_\_  
(work, home, cell)

Full Name of Person to Make Decisions about Final Disposition of Body (cremation or burial), IF NOT Health Care Agent (otherwise leave blank): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(work, home, cell)

Full Name of Person to Serve as Guardian, IF NOT Health Care Agent (otherwise leave blank): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(work, home, cell)