



# GEORGIA ESTATE PLAN

## Worrall Law LLC

### WORKSHOP EVALUATION

Protected By Privilege

If you could please take 2-3 minutes to complete this evaluation, it will help us get a better understanding of your goals and enable you to save time when planning.

Date \_\_\_\_\_ Referred By: \_\_\_\_\_ May We Thank Them? \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Spouse \_\_\_\_\_ DOB \_\_\_\_\_

Single  Married  Widowed  Parent(s) of Minor Child(ren)  Parent(s) of Child(ren) With Special Needs  Child of Elderly Parent(s)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Home  Cell  Work Email \_\_\_\_\_

**PLEASE INDICATE THE EFFECTIVENESS OF THE PRESENTATION BY MARKING THE APPROPRIATE NUMBER BELOW**

	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Rapport with participants	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Amount of information presented	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Amount of new information	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Overall satisfaction with presentation	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

#### PERSONAL INFORMATION

##### Your Health

Excellent  Good  Fair  Poor

##### Spouse's Health

Excellent  Good  Fair  Poor

##### Crisis Alert

Someone in my immediate family is in a nursing home now or is likely to be in the near future

##### Estimated Net Worth

<\$100,000  \$100,000-\$300,000  
 \$300,000-\$900,000  \$900,000+

##### Does this include your home?

Yes  No

#### WHAT'S IMPORTANT TO YOU?

- Ensure I don't lose control over or access to my assets
- Avoid becoming a burden to my loved ones
- Having a proper Health Care Directive & Power of Attorney
- Create my Rule Book instead of the Government's
- Protect my stuff from Government, Long-Term Care Costs, Taxes, Lawsuits
- Avoid Probate
- Putting a professional team together to support my plan
- Protecting assets for my loved one from themselves or their "predators")
- Other

#### I'M READY TO TAKE ACTION

- Please call/email me to schedule my FREE Georgia Family Treasures Planning Session
- I have a  Relative  Friend  Colleague who may be interested in this workshop (list name and contact info on reverse side)
- Please put me on your ezine/print newsletter list to get more information
- No, thank you; I'm not ready right now

HELP US HELP YOU PROTECT YOUR FAMILY AND FRIENDS  
Protected By Privilege

Name \_\_\_\_\_  Relative  
Address \_\_\_\_\_  Friend  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Colleague  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  Relative  
Address \_\_\_\_\_  Friend  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Colleague  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  Relative  
Address \_\_\_\_\_  Friend  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Colleague  
Email \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE SHARE ANY DETAILED COMMENTS ABOUT THIS WORKSHOP

---

---

---

---

---

---

---

---

---

---

May we share your comments above about the workshop on our website or social media?  
 Yes and you may use my name  Yes, but please just use my initials only  
 Yes, but please don't give my name or initials  No