

## ESTATE PLANNING QUESTIONNAIRE

Date \_\_\_\_\_ File Number (office use) \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax No. \_\_\_\_\_

Date of Initial Consultation \_\_\_\_\_

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment or email, fax it to our offices.

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While we ask that all information be completed, to the best of your abilities, duplicate information (such as addresses) need not be entered.

### A. PERSONAL DATA

(Husband)

(Wife)

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_  
(print name as shown on your checks) (print name as shown on your checks)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen?  Yes  No U.S. Citizen?  Yes  No  
If no, what is your immigration status? If no, what is your immigration status?

Approximate Annual Income \$ \_\_\_\_\_ Approximate Annual Income \$ \_\_\_\_\_

### B. REFERRAL

By whom were you referred to this office? Name \_\_\_\_\_

### C. CHILDREN (if applicable)

**Number of Children** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

\* Please feel free to skip this duplicate information if already provided elsewhere.

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Wife         Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

Relationship to Wife         Natural Child             Adopted  
    Stepchild                     Child born out of wedlock

\* Please feel free to skip this duplicate information if already provided elsewhere.

**D. GRANDCHILDREN (if applicable)**

**Number of Grandchildren** \_\_\_\_\_

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child             Adopted  
    Stepchild                             Child born out of wedlock

Relationship to Wife         Natural Child             Adopted  
    Stepchild                             Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child             Adopted  
    Stepchild                             Child born out of wedlock

Relationship to Wife         Natural Child             Adopted  
    Stepchild                             Child born out of wedlock

\* Please feel free to skip this duplicate information if already provided elsewhere.

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child         Adopted  
    Stepchild                 Child born out of wedlock

Relationship to Wife         Natural Child         Adopted  
    Stepchild                 Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  Female

Street Address \* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband     Natural Child         Adopted  
    Stepchild                 Child born out of wedlock

Relationship to Wife         Natural Child         Adopted  
    Stepchild                 Child born out of wedlock

\* Please feel free to skip this duplicate information if already provided elsewhere.

**E. DISPOSITIVE INTENTIONS**  
**Who do you want to inherit your possessions?**

**1. SPOUSE AND CHILDREN**

Do you wish to provide first for your spouse and then for your children?  Yes  No

Do you wish to treat all your children equally?  Yes  No

Please feel free to explain further \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children (e.g. a typical plan provides for ½ at age 30 and ½ at age 35)? \_\_\_\_\_

**2. OTHER BENEFICIARIES**

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren or a charity?  Yes  No

If so, please list:

Name of Beneficiary	Address of Beneficiary	Relationship	Dollar Amount

Any other dispositive intent? (What else would you like to do with your possessions?)

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

\* Please feel free to skip this duplicate information if already provided elsewhere.



**F. EXECUTOR aka “PERSONAL REPRESENTATIVE”**

A personal representative is the person, bank, or trust company that the court appoints to be in charge of the administration of the estate. The personal representative has the legal duty to ensure that the estate is carried out pursuant to Florida law.

Who do you want to serve as your executor?

**(Husband)**

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

**(Wife)**

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.



**G. TRUSTEE**

The Trustee manages the money for the term of the trust, which is often the remaining life of the surviving spouse or until younger beneficiaries reach certain ages. The Trustee is also responsible for distributing the money to the beneficiaries in accordance with the terms of the trust. During the term of the trust, the trustee must file tax returns for the trust and makes distribution of trust assets in accordance with the terms of the trust.

Who do you want to serve as your Trustee?

**(Husband)**

**First Choice**  **Spouse**  
 **Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

**(Wife)**

**First Choice**  **Spouse**  
 **Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**H. GUARDIAN FOR MINOR CHILDREN**

A guardian is a person who has been appointed by the Court to act on behalf of a ward's person, property or both.

If you have **minor** or **disabled** child/children, who do you want to act as Guardian?

**Guardian First Choice** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Guardian Second Choice** \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**I. GUARDIAN FOR YOURSELF**

A guardian is a person who has been appointed by the Court to act on behalf of a ward's person, property or both.

**(Husband)**

If you are disabled, who do you want to act as your Guardian?

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

**(Wife)**

If you are disabled, who do you want to act as your Guardian?

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**J. LIVING WILL aka “ADVANCED DIRECTIVES” aka “DO NOT RESUSCITATE DOCUMENT”**

**(Husband)**

Do you want your Living Will to provide for withdrawal of food and fluid?  Yes  No  
Do you want to donate your eyes or organs?  Yes  No  
Do you want your Health Care Agent to consult with any person prior to acting?  Yes  No

If yes, with whom? \_\_\_\_\_

**First Choice**  **Spouse**  
 **Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**(Wife)**

Do you want your Living Will to provide for withdrawal of food and fluid?  Yes  No  
Do you want to donate your eyes or organs?  Yes  No  
Do you want your Health Care Agent to consult with any person prior to acting?  Yes  No

If yes, with whom? \_\_\_\_\_

**First Choice**  **Spouse**  
 **Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**K. POWER OF ATTORNEY**

Power of Attorney is a legal document whereby you give another person (called an Agent) the legal authority to manage your affairs. A Durable Power of Attorney means that the POA remains in effect even if you become disabled.

Who do you want to serve as your Power of Attorney?

**(Husband)**

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

**(Wife)**

If yes, with whom? \_\_\_\_\_

**First Choice**  **Spouse**

**Other (relationship)** \_\_\_\_\_

Address of First Choice \* \_\_\_\_\_

**Second Choice** \_\_\_\_\_

Relationship of Second Choice to you \_\_\_\_\_

Address of Second Choice \* \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**L. Other Beneficiary Designations**

Life Insurance

First Choice \_\_\_\_\_

\_\_\_\_\_  
Second Choice \_\_\_\_\_

Retirement Plan

First Choice \_\_\_\_\_

\_\_\_\_\_  
Second Choice \_\_\_\_\_

Stock Account

First Choice \_\_\_\_\_

\_\_\_\_\_  
Second Choice \_\_\_\_\_

Bank Account

First Choice \_\_\_\_\_

\_\_\_\_\_  
Second Choice \_\_\_\_\_

Other

First Choice \_\_\_\_\_

\_\_\_\_\_  
Second Choice \_\_\_\_\_

\* Please feel free to skip this duplicate information if already provided elsewhere.

**M. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any specific instructions for your burial? **(Husband)**  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any specific instructions for your burial? **(Wife)**  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate address and location \_\_\_\_\_  
\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$14,000.00 in any one calendar year?

Yes  No

Have you ever filed a Federal Gift Tax Return?

Yes  No

\* Please feel free to skip this duplicate information if already provided elsewhere.



**N. FINANCIAL SUMMARY**

<b>ASSET/LIABILITY</b>	<b>ASSETS</b>			<b>LIABILITIES</b>
	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>	
<b>OTHER REAL ESTATE (attach copy of deeds)</b>				
Street Address:				
Street Address:				
<b>BROKERAGE ACCOUNT (attach copies of statements)</b>				
<b>MUTUAL FUNDS (attach copies of statements)</b>				
<b>STOCKS NOT HELD BY BROKER (attach copies of certificates)</b>				
<b>BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of statements)</b>				

\* Please feel free to skip this duplicate information if already provided elsewhere.

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
<b>BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)</b>				
<b>NOTES &amp; MORTGAGES RECEIVABLE (attach copies of Notes &amp; Mortgages)</b>				
<b>BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)</b>				
Name of Business:				
Name of Business:				
<b>NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)</b>				
<b>TRADITIONAL IRA PLAN (attach copies of statements)</b>				

\* Please feel free to skip this duplicate information if already provided elsewhere.

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND	WIFE	JOINT	
<b>ANNUITIES</b> (attach copies of all contracts)				
<b>LIFE INSURANCE</b> (attach copies of the front pages of all policies)				
<b>INHERITANCE, ETC.</b>				
<b>AUTOMOBILES</b>				
<b>JEWELRY COLLECTIONS</b>				
<b>OTHER ASSET</b> (attach copies of documentation pertaining to such assets)				
<b>Description:</b>				
<b>Description:</b>				
<b>Description:</b>				
<b>TOTALS</b>				

Are you a contributor to a 529 Plan?

Yes  No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
(Can be obtained from Tax Bill)

\* Please feel free to skip this duplicate information if already provided elsewhere.

**Addresses of real property other than personal residence:**

(1) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
(Can be obtained from Tax Bill)

(2) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
(Can be obtained from Tax Bill)

**O. CERTIFICATION**

The undersigned hereby represents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative

\_\_\_\_\_

Dated: \_\_\_\_\_