

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.

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

Full Name _____
(print name as shown on your checks)

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____

Social Security No. _____

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

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 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 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 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 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 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 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 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 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. CHILDREN

Do you wish to provide for your children? Yes No

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

Please feel free to explain further _____

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 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 stuff?)

* 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?

First Choice _____

Relationship of First Choice to you _____

Address of First Choice * _____

Second Choice _____

Relationship of Second Choice to you _____

Address of Second Choice * _____

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?

First Choice _____

Relationship of First Choice to you _____

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 _____

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.

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

First Choice _____

Relationship of First Choice to you _____

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”

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 _____

Relationship of First Choice to you _____

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?

First Choice _____

Relationship of First Choice to you _____

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? 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

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

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

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

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

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

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)

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

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: _____