

ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Client Information

Legal name: _____
First Middle Last

List all prior legal names _____

List all other names used _____

Date of birth: ____ / ____ / ____ **Place of birth:** _____
city state country

Social Security # : ____ / ____ / ____ **U.S. citizen:** Yes ____ No ____ **FL resident:** Yes ____ No ____

Permanent address: _____
Address City ST Zip County

Do you claim Florida homestead exemption? Yes ____ No ____

Telephone : Home _____ Work _____ Cell phone _____ Email _____

Occupation: _____ **Employer:** _____

Marital status single / married / divorced / separated /

Marital history : Have you ever been divorced or widowed? Yes ____ No ____

Family Information - Spouse

If you are currently married, please state the date and place of your marriage, and the legal name and birth date of your spouse:

Date of marriage: ____ / ____ / ____
Date City ST Country

Legal name - spouse: _____ Maiden Name _____
First Middle Last

Date of birth of spouse: ____ / ____ / ____

Did you enter into a "pre-nuptial" or "post-nuptial agreement"? Yes ____ No ____
If yes, please attach a signed copy with all subsequent modifications.

Have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while you were married? Yes ____ No ____

If yes, did you purchase a home or other real property in that state? Yes ____ No ____

Children

If you have any children, please state the legal name, birth date and current address of each of your children and state whether a child has any children (i.e., your grandchildren). Do not include a step child or foster child who lives with you. Use additional sheets if necessary.

1. **Legal name:** _____
First Middle Last

Current address: _____
Address City ST Zip

Date of birth: ____ / ____ / ____ **Children #** _____ **Telephone #:** _____

2. **Legal name:** _____
First Middle Last

Current address: _____
Address City ST Zip

Date of birth: ____ / ____ / ____ **Children #** _____ **Telephone #:** _____

3. **Legal name:** _____
First Middle Last

Current address: _____
Address City ST Zip

Date of birth: ____ / ____ / ____ **Children #** _____ **Telephone #:** _____

4. **Legal name:** _____
First Middle Last

Current address: _____
Address City ST Zip

Date of birth: ____ / ____ / ____ **Children #** _____ **Telephone #:** _____

Has any child predeceased you ? YES____/NO____ **Did they have children** YES____/NO____

Information for your will or trust / Fiduciaries / Personal Representative

Who do you want to nominate as the “personal representative” or the executor of your estate? Married people often select their spouse. Please note that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident. You may also select “joint” personal representatives or a “corporate” personal representative (e.g., bank or trust company).

Personal Representative

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Alternate Personal Representative

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Some probate judges will allow the PR to serve without a bond if the decedent's will waives the requirement. Other judges refuse to allow a waiver to protect the estate's creditors and beneficiaries from misfeasance or nonfeasance. Do you want your PR to be required post a bond **Yes** ____ **No** ____

Trustee

If you are considering establishing a trust for a family member or charity (A Trust can avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to manage the assets? (The Trustee)

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Alternate Trustee

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes ____ No ____

Guardians

If you have any children who are minors, naming a guardian in your will will determine who will manage the property and take care of the minor until they reach 18 years of age. You may nominate “joint” guardians. You may also nominate separate guardians for a child and their property. These are the “guardian of the person” and the “guardian of the property”. A guardian of the property could include a “corporate” guardian or corporate co-guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Specific bequests

List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amounts of money that you wish to leave to one or more beneficiaries. If you have a large number of items of “tangible personal property” that you want to give to several persons, you may want to consider having a “separate writing” prepared.

<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Residue

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

Additional information

Use this space to provide any additional information concerning your testamentary intentions.

Miscellaneous

Do you currently have: (If yes to any please attach signed copies with any codicils or amendments)

A “will” or “revocable living trust”? Yes ☐ No ☐

A “durable power of attorney”? Yes ☐ No ☐

Any “living will documents”? Yes ☐ No ☐

If you want:

1. Any of your **organs donated** at your death, state: the specific organs (or allow any usable): any limitations on their use (or allow any purpose): _____

2. Any specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.), specify the disposition: _____

3. A **Durable power of attorney** (i.e., a document authorizing another person to control your assets on your behalf and for your benefit),

Effective date of Powers: ☐ immediately
☐ **only if I become mentally or physically incapacitated**

Agent

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Alternate Agent

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

4. Any **living will documents** (i.e., documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances), state:

Health care surrogate

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Telephone numbers: Home _____ Work _____

Alternate health care surrogate

Legal name: _____
First Middle initial Last

Current address: _____
Address City ST Zip County

Relationship to you: _____

Telephone numbers: Home _____ Work _____

Summary of Assets and Liabilities

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested.

In lieu of completing this summary, you may substitute a current financial statement.

Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables <u>paid to you</u> (e.g., mortgage note, promissory note)				
Cash value (<u>not death benefit</u>) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				
Retirement accounts (e.g., qualified plan, IRA)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

Liabilities

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

Net Worth Your total Assets less your total Liabilities: \$_____

Lifetime Gifts Have you ever made one or more gifts the total value of which were over \$10,000 to any one person in any year? Yes___ No___ Have you ever filed a Gift Tax Return ? Yes___ No___

Life Insurance

List all life insurance policies insuring your life.

Amount of death benefit	Type of policy (e.g. term, whole life)	Beneficiary	Owner Company
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the name, address and telephone number of your:

Name

Address

Telephone number

Accountant: _____

Investment broker: _____

Insurance agent: _____

Financial planner: _____

Banker: _____

Date: _____

Signed: _____

Client

Whom may I thank for the referral? _____