

ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

YOU CAN TYPE DIRECTLY ONTO THIS FORM. Click the "enable editing" button at upper right, then place your cursor into the appropriate space and begin typing, or you may print out and complete manually. Please do not get bogged down trying to complete this form. Fill it out as best as you can. If you are married, please have your spouse complete a separate form, but he or she need not duplicate information (e.g., information about common children, etc.). The purpose of separate forms is to allow each person to state his or her preferences and information unique to that person.

Legal name: _____
first middle last

Date of birth: ____ / ____ / ____ Are you a **U.S. citizen**? Yes ____ No ____

Are you a **Florida resident**? Yes ____ No ____

Do you have a current Florida driver license? Yes ____ No ____

Permanent address: _____
street address city state zip code

Telephone numbers: Home _____ Work _____ Cell _____

Email address: _____

Marital status: single married separated divorced widowed
Check one of the boxes above

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

Family Information

If you are currently married, please state:

Legal name of spouse: _____
first middle last

Date of marriage: ____ / ____ / ____ Is your spouse a **U.S. citizen**? Yes ____ No ____

Did you enter into a "pre-nuptial" or "post-nuptial agreement?" Yes ____ No ____

If you are currently widowed, please state:

Legal name of deceased spouse: _____
First Middle Last

Date of death of deceased spouse: ____ / ____ / ____

If you have any children (excluding step children and foster children), for each child, please state:

1. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip code

Date of birth: ____ / ____ / ____

Number of this child's children: ____ **Age(s) of this child's children:** _____

2. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip code

Date of birth: ____ / ____ / ____

Number of this child's children: ____ **Age(s) of this child's children:** _____

3. **Legal name:** _____
 first middle last

Current address: _____
 street address city state zip code

Date of birth: ____ / ____ / ____

Number of this child's children: ____ **Age(s) of this child's children:** _____

Has any child predeceased you?	Yes ____ No ____
If so, did that child have any children?	Yes ____ No ____
Is any child illegitimate?	Yes ____ No ____
Is any child disabled or considered a "special needs child?"	Yes ____ No ____
Do you have any step children?	Yes ____ No ____

Other relatives

Is your father alive? Yes ____ No ____
Is your mother alive? Yes ____ No ____

Number of living brothers:	_____	Number of deceased brothers:	_____
Number of living sisters:	_____	Number of deceased sisters:	_____

Information for your will and any trusts

Selection of Personal Representative

Please state the "personal representative" (i.e., the executor) and the alternate personal representative for your probate estate whom you wish to nominate. Please note that under Florida law, if the personal representative is not related to you, he or she must be a Florida resident.

Personal Representative

Legal name: _____
 first middle initial last

Current address: _____
 street address city state zipcode

Relationship to you: _____

Alternate Personal Representative

Legal name: _____
 first middle initial last

Current address: _____
 street address city state zip code

Relationship to you: _____

Bond: Do you want to waive the requirement that the personal representative and alternate post a bond (which is paid by your estate) to be able to serve? Yes ____ No ____

Selection of Trustee

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity, please state the trustee and the alternate trustee whom you wish to nominate.

Trustee

Legal name: _____
 first middle initial last

Current address: _____
 street address city state zip code

Relationship to you: _____

Alternate Trustee

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Bond: Do you want to waive the requirement that the trustee and alternate post a bond (which is paid from trust assets) to be able to serve? Yes ____ No ____

Selection of Guardian

If you have any children who are minors, please state the guardian and alternate guardian to care for their person and to manage their property until they attain 18 years of age in the event of the death of both parents.

Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Alternate Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Beneficiaries

Please list all beneficiaries of your estate whom you want to receive your assets at your death and the specific amount or percentage.

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

Additional information

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

Miscellaneous

Do you want:

1. Any of your **organs donated** at your death? Yes ___ No ___
If so, do you want any limitations on their use? Yes ___ No ___
2. To be cremated? Yes ___ No ___
3. To be buried? Yes ___ No ___

4. A **durable power of attorney** (i.e., a document authorizing another person to control your assets on your behalf and for your benefit during your life)? If so, please state:

Legal name of Agent: _____
first
middle initial
last

Current address of Agent: _____
street address
city
state
ip code

Agent's 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)? If so, please state:

Health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____ Cell _____

Alternate health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____ Cell _____

Your primary physician

Physician's name: _____
first middle initial last

Office address: _____
street address city state zip code

Summary of Assets and Liabilities

Assets

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property				
Bank accounts, certificates of deposit, and money market funds				
<u>Non-retirement</u> investment assets (e.g. stocks, bonds, mutual funds, annuities)				
Businesses in which you own an interest (e.g., sole proprietor, partner, shareholder, member of limited liability company)				
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 valuables				
Retirement assets: IRA				
401(k)				
403(b)				
other				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				

Liabilities

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Other secured loans (e.g. car loan)				
Credit card balances, other debts, liabilities, and any judgments against you				
Total liabilities:				

Out of State Real Property

Do you own any real estate outside of Florida? Yes ___ No ___

Custodian Accounts

Are you the custodian of an account for your children, grandchildren, or others (e.g., under a Uniform Transfers to Minors Act)? Yes ___ No ___

Lifetime Gifts

Have you ever made any gifts the total value of which exceeded \$10,000 to any one person in any year? Yes ___ No ___

Have you ever filed a federal gift tax return? Yes ___ No ___

Life Insurance

List all life insurance policies insuring your life.

<u>Amount of</u> <u>death benefit</u>	<u>Type of policy</u> <u>(e.g. term, whole life)</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Company</u>
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Do you own any life insurance policies insuring the life of another person? Yes ___ No ___

LIVING WILL-ADVANCE DIRECTIVES

POSSIBLE TREATMENTS: Assume none of the following will improve or cure the condition described in these situations:	SITUATION A If I am in a coma, or in what is called a persistent vegetative state, and have no hope of recovery or of becoming aware of my surroundings or being able to use my mental abilities, then my wishes regarding the following would be:	SITUATION B If I have a progressive illness, which will continue to worsen and result in my death and which cannot be improved or cured, when the point is reached that I am no longer able to recognize family and friends or speak understandably, my wishes regarding the following would be:	SITUATION C If I have a condition which makes me unable to recognize people or speak understandably, and that condition is permanent and cannot be improved or cured but is NOT terminal, my wishes regarding the following would be:
1. Do you want efforts to be made to resuscitate (chest massage, artificial breathing) you if your heart or breathing stops?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
2. If you are unable to breathe on your own, do you want a mechanical breathing machine to be used?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
3. If your kidneys fail, do you want kidney dialysis (cleaning the blood through a machine) even if it cannot improve or cure your condition?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
4. Do you want any surgery, even if it is life-saving, if it cannot improve or cure your condition?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
5. Do you want pain medications to keep you comfortable even if they dull consciousness and could shorten your life?	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED
6. Do you want other medications, such as antibiotics, which may prolong your life?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
7. Do you want food and water given to you through tubes in your veins, nose or stomach?	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED	__ YES __ NO UNDECIDED
8. OTHER: _____ _____ _____	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED	__ YES __ NO __ UNDECIDED

Signed: _____

Date: _____

When you have completed this form, please forward it to us.
 You may save this form and email it to terry@dariotislaw.com
 or fax it to 850-523-9303.