

**ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE**

*The purpose of this form is for you to provide me with basic information needed for us to have a meaningful initial conference, including understanding what you want to accomplish and for me to be able to suggest estate planning options. I also use the information for drafting documents. Please do not get bogged down trying to complete this form. Please bring the completed form with you to the initial office conference.*

**Client Information**

**Legal name:** \_\_\_\_\_  
                            first                                    middle                                    last

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**U.S. citizen:** Yes \_\_\_\_ No \_\_\_\_                      **Florida resident:** Yes \_\_\_\_ No \_\_\_\_

**Permanent address:** \_\_\_\_\_  
                            street address                                    city                                    state      zip code

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Marital status:**      single              married              divorced              separated              widowed

**Family:**      Do you have any children?      Yes \_\_\_\_ No \_\_\_\_

**Overview of what I want to accomplish**

At my death, I want the following persons (and alternates) to receive my assets (either outright or in trust):

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

**Estate planning documents I want prepared**

I am interested in having the following estate planning documents prepared (circle all that apply):

Will    Revocable Trust      Durable Power Of Attorney    Living Will documents      Other

If you currently have, a Will, Revocable Trust, Durable Power Of Attorney, Living Will, or other estate planning documents, please attach a copy.

## Family Information

### Spouse

If you are married, please state:

**Date of marriage:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Legal name of spouse:** \_\_\_\_\_  
first middle last

**Date of birth of spouse:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **U.S. citizen:** Yes \_\_\_\_ No \_\_\_\_

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

If you are a widow or widower, please state:

**Legal name of deceased spouse:** \_\_\_\_\_  
first middle last

**Date of death of deceased spouse:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date of marriage:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Children

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:** \_\_\_\_\_



**Trustee<sup>2</sup>**

**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:** \_\_\_\_\_

**Guardian<sup>3</sup>**

**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:** \_\_\_\_\_

\_\_\_\_\_

<sup>2</sup> A trustee is the person who is in charge of assets held in a trust. A trust can be established during life or after death for a spouse, child, grandchild, parent, third party, or charity. A contingent trust is often used to avoid distributing large sums of money and other assets to a beneficiary all at one time or prior to a beneficiary attaining a certain age.

<sup>3</sup> A guardian is the person who is appointed by the court to have the custody and care of an incapacitated person (which includes a minor child) and to manage such person’s property during such persons’s incapacity (which, for minors, continues until age 18). There can be a separate “guardian of the person” and a “guardian of the property.” Under Florida law, if the guardian is not related to the incapacitated person, he or she must be a Florida resident.

**Agent for Durable Power of Attorney<sup>4</sup>**

**Legal name of Agent:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Alternate Agent for Durable Power of Attorney**

**Legal name of Agent:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Health care surrogate<sup>5</sup>**

**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 \_\_\_\_\_

\_\_\_\_\_

<sup>4</sup> A “durable power of attorney” is a document authorizing another person to control another person’s assets on behalf of such person and for the benefit of such person during such person’s life.

<sup>5</sup> A “health care surrogate” is a competent adult designated by a person to make health care decisions and to receive health care information for a person. The person can decide whether the authority of the health care surrogate is to be effective immediately or only after the person’s physicians determine the person does not have the capacity to make the person’s own health care decisions.

I want my health care surrogate and alternate to receive all of my health information and/or to make all health care decisions for me, to be effective immediately.

       I want my health care surrogate and alternate to receive all of my health information and to make all health care decisions for me, only after I lack the capacity to make such decisions or provide informed consent myself.

**Primary physician**

Physician's name: \_\_\_\_\_  
                                  first                                  middle initial                                  last

Office address: \_\_\_\_\_  
                                  street address                                  city                                  state                                  zip code

Office telephone number: \_\_\_\_\_

**Disposition of remains**

If you want 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): \_\_\_\_\_

If you want a specific disposition of your remains, state:

Cremation:    Yes \_\_\_ No \_\_\_ If yes, please advise of disposition of ashes: \_\_\_\_\_  
                                  \_\_\_\_\_

Burial:        Yes \_\_\_ No \_\_\_ If yes, please advise of any specific cemetery: \_\_\_\_\_  
                                  \_\_\_\_\_

**Summary of Assets and Liabilities**

*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**

On the following page, please state the current estimated fair market value of all assets you own or in which you have any interest (either individually, jointly, or that are held in trust for your benefit). Do not deduct any mortgage or other secured debt when stating the value. If you own an asset individually, but it 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 (please provide copy of deed to each parcel)				
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>payable 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)				
Pension				
Deferred compensation				
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)				
Other debts, liabilities, and any judgments against you				
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 exceeded \$10,000 to any one person in any year? Yes \_\_\_ No \_\_\_

Have you ever filed a federal gift tax return (i.e., IRS Form 709)? Yes \_\_\_ No \_\_\_

**Life Insurance**

List all life insurance policies insuring your life.

<u>Amount of death benefit</u>	<u>Type of policy (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 \_\_\_

Do you have a current Florida driver license? Yes \_\_\_ No \_\_\_



If not, do you have a current Florida identification card? Yes \_\_\_\_ No \_\_\_\_

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

<u>Name</u>	<u>Address</u>	<u>Telephone number</u>
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Accountant: \_\_\_\_\_

Investment broker: \_\_\_\_\_

Life insurance agent: \_\_\_\_\_

Financial planner: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Client

Whom may I thank for the referral? \_\_\_\_\_