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 full 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: _____ If retired, former 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 ____

During your marriage, did you ever live in a "community property" state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) or in an opt-in state (i.e. Alaska and Tennessee)? Yes ____ No ____

If you are a widow or widower, please state:

Legal name of deceased spouse:_____
first middle last

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

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 child's children**: _____

***For drafting purposes, I will need the full name, date of birth, and address of each grandchild.**

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 ____
Do you have any foster 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: _____

Personal Representative[1]

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Alternate Personal Representative

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

[1] The personal representative, who is often referred to as the "executor", is the person who is appointed by the probate court to be in charge of administering the probate estate. Under Florida law, if the personal representative is not related to the deceased person, he or she must be a Florida resident.

Trustee[2]

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: _____

Pre-Need Guardian (if you become incapacitated)[3]

Also, if you have any minor children, use a separate sheet to name the guardian and alternate for each minor child.

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: _____

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[2] 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 reaching a certain age.

[3] A guardian is the person who is appointed by the court to have the custody and care of an incapacitated person (which includes an incapacitated adult and 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[4]

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[5]

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 _____

_____

[4] A "durable power of attorney" is a document in which a person authorizes a third party to control assets of the person for the benefit of the person during the person's life.

[5] 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 physician determines 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 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

Do you want any of your organs donated at your death? Yes ____ No ____

If so, please 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, please 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.

State Estimated Fair Market Value

	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				
Non-retirement investment assets (e.g. stocks, bonds, mutual funds, annuities)				
Businesses in which you own an interest (e.g., sole proprietorship, partnership, corporation, limited liability company)				
Receivables payable to you (e.g., mortgage note, promissory note)				
Bitcoins and other cryptocurrency				
Cash value (not death benefit) of life insurance policies you own				
Household furniture, furnishings, and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections, and other valuables				
Retirement assets:				
IRA				
401(k)				
403(b)				
Deferred compensation				
Pension				
Other retirement assets				
Miscellaneous other property				
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 $15,000 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

Do you own any life insurance insuring your life? Yes ____ No ____ If so, please state:

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

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:

	Name	Address	Telephone number
Accountant:			
Investment broker:			
Life insurance agent:			
Financial planner:			

Date: _____ Signed: _____
Client

Whom may I thank for the referral? _____

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

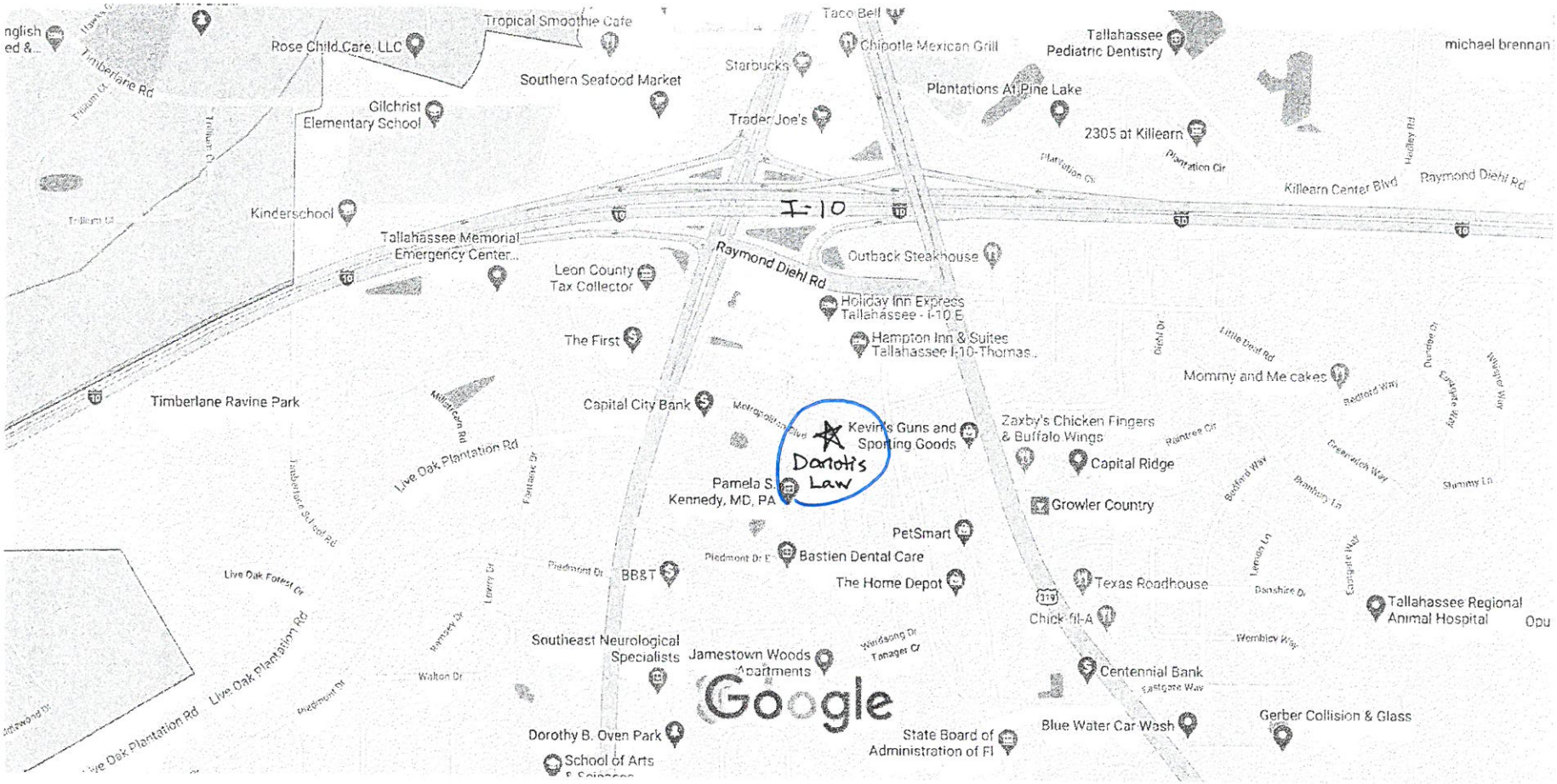
Signed:_____ Date:_____

Curriculum Vitae

Name:	Terrence T. Dariotis
Occupation:	Lawyer
Fields of practice:	Estate planning; probate and trust administration
Board certification:	Board certified by The Florida Bar as a Specialist in Wills, Trusts and Estates Law, 2001- present
Education:	Master of Laws (LL.M.) in Taxation, University of Florida, 2003
	Certificate in Financial Planning, Florida State University, 1997
	Juris Doctor (J.D.), Loyola University of Chicago, 1973
	B.A., Philosophy, St. Joseph's College, Rensselaer, Indiana, 1969
	Northwestern University, Evanston, Illinois, 1964-1965 (pre-medicine)
Professional memberships:	The Florida Bar
	Tallahassee Regional Estate Planning Council 1993-2025 (past President 1999-2000)
Professional licensing:	State of Illinois, 1973
	State of Florida, 1975
	United States District Court, Northern District of Illinois, 1973
	United States District Court, Northern District of Florida, 1975
	United States District Court, Middle District of Florida, 1995
	United States Tax Court, 1993
	United States Court of Appeals, Eleventh Circuit, 1981 (Previous member United States Court of Appeals, Fifth Circuit, 1977)
	United States Supreme Court, 1978

Professional employment:	Dariotis Law Tallahassee, Florida, 2000 - present
	Founding shareholder Warfel, Goldberg, Dariotis, Waldoch and Olive, P.A. Tallahassee, Florida, 1996-2000
	Founding shareholder, Kahn and Dariotis, P.A. Tallahassee, Florida, 1982-1996
	Adjunct professor, Florida State University, College of Business Tallahassee, Florida, 1987-1993
	Terrence T. Dariotis, Attorney at Law Tallahassee, Florida, 1976-1982
	Associate, Law Offices of Keith J. Kinderman Tallahassee, Florida, 1975-1976
	Law clerk, Justice Thomas J. Moran, Appellate Court of Illinois, Second District, Waukegan, Illinois, 1973-1974
Awards and honors:	"AV" rating (highest) by Martindale-Hubbell which is based on peer review
	2006, 2018-2026 Florida Super Lawyers in estate planning and probate

Google Maps Tallahassee



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