

ESTATE PLANNING QUESTIONNAIRE

Today's date: _____

May we thank whoever referred you to our office, and if so, what is their name?

Do you have an old will? Yes No (If yes, please bring a copy with you.)

PERSONAL INFORMATION

1. Name: _____

2. Spouse's name: _____

3. Address (include zip code): _____

4. Home telephone number: _____

5. Work telephone number: _____

6. Place of employment: _____

7. Address: _____

8. Your occupation: _____

9. Date of Birth: _____

10. Name(s) as you wish it (them) to appear on your will(s): _____

11. County in which you reside: _____

12. Are you a resident of Florida? Yes No If yes, since 19__.

13. Telephone numbers where we can reach you:

Home: () _____

Work: () _____ (husband)

() _____ (wife)

Fax: () _____

14. Retired? Yes No

15. Marital Status: Single Divorced

Married Widowed

16. Date/Place of Birth: _____

Husband: _____

Wife: _____

17. Parent's names:

Husband: _____

Wife: _____

18. Your Social Security number(s):

Husband: _____

Wife: _____

19. Children or next of kin: Please list all children, and if ANone,@ then list all persons whom you may wish to name as Beneficiaries of your estate.

A. Name: _____
Relationship: _____
Date of birth(children only): _____
Address: _____

B. Name: _____
Relationship: _____
Date of birth(children only): _____
Address: _____

C. Name: _____
Relationship: _____
Date of birth(children only): _____
Address: _____

20. Are any of your children adopted? Yes No

21. Your CPA (if any):

Name: _____

Address: _____

22. Your stock broker/financial advisor (if any):

Name: _____

Address: _____

23. Your desired funeral arrangements:

A. Do you have any present arrangements? Yes No

B. Do you have a pre-paid funeral plan? Yes No

C. Preferred funeral home (if any):

Name: _____

Location: _____

D. Do you desire cremation? Yes No

GOALS AND OBJECTIVES

1. Whom do you want to serve as your personal representative?

Name: _____

Relationship: _____

Address: _____

2. If the above named cannot serve for any reason, who would be your next choice?

Name: _____

Relationship: _____

Address: _____

4. To whom do you wish to receive the balance of your estate (if there is more than one beneficiary, please list the portions you are leaving them in fractions or percentages):

5. Do any of your beneficiaries have any special needs (e.g., have not completed their education, are minors, have health problems, etc.)? Yes No

If yes, list here: _____

6. Would you like information regarding:

A. A living will

(A document indicating that you do not want unnecessary life support systems to sustain your life should you have an incurable or irreversible condition that would otherwise cause death in a short period of time.)

Yes No

B. A durable power of attorney

(A document that will become or remain effective should a person later become disabled.)

Yes No

C. A living trust

Yes No

ASSET INFORMATION

1. Please list your bank accounts:

A. Bank Name: _____
Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

B. Bank Name: _____
Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

C. Bank Name: _____
Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

2. Do you have a safe deposit box? Yes No

If yes:

Location: _____
Name(s) on box: _____

3. Do you own any real estate? Yes No

If yes:

A. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

B. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

C. Type of real estate: Home Lot Other

If other, please list: _____

Location: _____

Name(s) on deed: _____

Approximate value: _____

4. Do you have any insurance policies: Yes No

If yes:

A. Insured: _____

Name of company: _____

Beneficiary: _____

Contingent beneficiary (if any): _____

B. Insured: _____

Name of company: _____

Beneficiary: _____

Contingent beneficiary (if any): _____

5. Do you have any stocks and/or bonds: Yes No

If yes:

Company: _____

Date & date due: _____

Where located: _____

Name(s) on certificate(s): _____

Approximate value: _____

6. Have you made any gifts over \$12,000.00 per year per beneficiary or for which you filed gift tax returns? Yes No

7. Have you established any trusts? Yes No

8. Are you the beneficiary of any trust? Yes No

9. Do you have a power of appointment? Yes No

10. Do you have any annuities oil pensions: Yes No

If yes:

A. Name of company: _____

Annuitant: _____

Beneficiary: _____

B. Name of company: _____

Annuitant: _____

Beneficiary: _____

11. Do you have any debts which are secured by any assets (e.g., automobile loan, real estate mortgage, etc.)? Yes No

If yes:

A. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

B. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

C. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

D. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

12. Automobiles that you own:

A. Year & make: _____

Name(s) on title: _____

B. Year & make: _____

Name(s) on title: _____

C. Year & make: _____

Name(s) on title: _____

D. Year & make: _____

Name(s) on title: _____