

**ESTATE PLANNING QUESTIONNAIRE**

Today's date: \_\_\_\_\_

Whom may we thank for your referral to our office? \_\_\_\_\_

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 None, 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: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

3. Do you have certain personal items, property, gifts, etc. That you would like to leave to specific people?

If so, please list here:

A. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

B. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

C. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

D. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

E. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

F. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

G. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

H. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

I. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

J. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

K. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
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.)

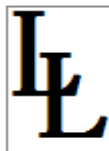
Yes  No

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



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

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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 \$10,000.00 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: \_\_\_\_\_

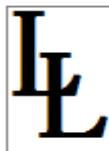
11. Do you have any debts which are secured by any assets (e.g., automobile loan, real estate mortgage, etc.)?     Yes  No

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: \_\_\_\_\_



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