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ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Client Information

Legal name: _____

first middle last

List all prior legal names _____.

List all other names used _____.

Date of birth: ____ / ____ / ____

Place of birth: _____

city state country

Social Security number: ____ / ____ / ____

U.S. citizen: Yes ____ No ____ **Florida resident:** Yes ____ No ____

Permanent address: _____

street address city state zip code County

Do you claim Florida homestead exemption? Yes ____ No ____

Telephone numbers: Home _____ Work _____ Cell phone _____

Occupation: _____ **Employer:** _____

Marital status single / married / divorced / separated / widowed

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

Some probate judges will allow the personal representative to serve without having to post a bond if the decedent's will waives the bond requirement. Other judges refuse to allow a waiver because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? Yes ____ No _____

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 (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select "co-trustees" or a "corporate" trustee (e.g., bank or trust company).

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Alternate Trustee

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes ____ No _____

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Residue

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

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

Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

Additional information

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

Miscellaneous

Do you currently have: (If yes to any please attach signed copies with any codicils or amendments

A “will” or “revocable living trust”? Yes No

A “durable power of attorney”? Yes No

Any “living will documents”? Yes No

If you want:

1. 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): _____
2. A specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.),
specify the disposition: _____

Durable power of attorney (i.e., a document authorizing another person to control your assets on your behalf and for your benefit),

Effective date of Power: immediately
 if a specific date, specify date ___/___/___
 only if I am unavailable
 only if I become mentally or physically incapacitated

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that 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				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
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 valuable personal property				
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

Liabilities

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
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 were over \$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_____
If yes, please attach a copy.

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 Company</u>
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Please provide the name, address and telephone number of your:

Name

Address

Telephone number

Accountant: _____

Investment broker: _____

Insurance agent: _____

Financial planner: _____

Banker: _____

Date: _____

Signed: _____

Client

Whom may I thank for the referral? _____