

Estate Planning

PREPARING FOR THE FIRST MEETING

We will have a more focused discussion at our initial meeting if we have specific information on your current situation. Therefore, please fill out the questionnaire below and return it in the enclosed envelope at least 5 days prior to our first meeting. If you have questions regarding something on the form, we can answer your questions at the appointment.

WHAT TO BRING:

It is also helpful if you provide copies of the following items prior to or at the initial meeting:

- A copy of your current will(s) or trust(s), if you have one, and copies of any other existing estate planning documents, and pre and post nuptial agreements.
- Copies of any deeds to real estate, a recent property tax statement and any mortgages on the property.
- If anyone owes you money, copies of those documents.
- If you own a business, copies of any partnership or buy-sell agreements.
- The completed questionnaire (if you did not previously return it) or at least a basic statement listing assets and debts and showing who owns the asset and who any beneficiaries are.

This information will allow us to determine how to properly advise you on potential tax, probate, incapacity, and nursing home issues. We can then discuss methods of planning to preserve your assets for your heirs.

WHAT HAPPENS AT THE INITIAL CONSULTATION

At the initial meeting we will discuss your individual situation and your goals. I will then apply a variety of laws to your situation and recommend estate planning steps that will accomplish your goals. All information necessary for preparation of your plan is then provided, and a written statement of total cost for your estate plan is given to you prior to the time you decide whether you want to authorize work to be completed. If a written statement of exact cost cannot be given due to the need for more information from you, the written statement will be provided as soon as all information is received and before work is authorized.

WHAT HAPPENS AFTER THE INITIAL CONSULTATION

One to two weeks after the initial appointment, drafts of the documents you requested we prepare are mailed to you for your review. If there are any changes to be made you will contact our office so those revisions can be done. If everything meets with your approval, you will contact us to schedule an appointment for the execution of your estate planning documents.

State DL issued _____ State

Resided in FL since 19 _____ Resided in FL since 19 _____

DL issued

Marital Status: Married Divorced Separated Single (including widowed and not remarried)

What is your primary motivation for considering estate planning:

(Select one or more)

- Probate Avoidance
- Federal Estate Tax Planning (for estates over \$1.0 Million)
- Guardianship for Minor Children
- Business Planning
- Concerns about Potential Nursing Home Expenses
- Other:

Were you referred to our office? Yes No If so, by whom:

1. Who prepares your taxes? _____
Address: _____

2. Who is your financial advisor? _____
Address: _____

3. Who is your home insurance agent? _____
Address: _____

4. Who is your car insurance agent? _____
Address: _____

5. Who is your health/long term care insurance agent? _____ Add

6. Have you filed tax returns with the IRS for the last three years?
Yes No

7. Have you filed intangible tax returns with the State of Florida for the past three years? Yes No

8. Have you made funeral arrangements? Yes No
Details:

9. Where do you keep your important documents?
 Home Bank Other

10. Do you have a safe deposit box? Yes No
If Yes: What is the box number? _____
Where is it located? _____
What names are on the card? _____

11. Do you expect to receive an inheritance? Husband: Yes No
 Wife: Yes No
 If yes, please explain.
-
12. Do you have special medical conditions that I should be aware of?
 Husband: Yes No Wife: Yes No
 If yes, please explain.
-
13. Do you have any other legal issues which I should be aware of (prior divorces, child support, alimony)? Husband: Yes No Wife: Yes No
 If yes, please explain. _____
-
14. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes No
 If yes, please explain. _____
-
15. Is anyone who will be a beneficiary in your Will disabled? Yes No
 If yes, please explain.
-
16. Are you interested in avoiding probate? Yes No
-
17. Is the need for nursing home care probable Yes No
 in the next three years?
18. Is preserving assets from nursing home cost Yes No
 important enough to you that you would feel
 comfortable giving assets to someone else,
 such as a family member?
19. How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.?
 Are you a veteran? Yes No If yes, date of service:
 Do you currently receive any benefits?
 If yes, please explain
21. Do you have an interest in any business? Yes No
 If yes, please explain.
22. Have you co-signed any loan agreements for anyone? Yes No
 If yes, please explain.

23. Have you ever lived in a community property State (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Wisconsin, or Washington)? Yes No
 If yes, please specify the State(s) and the dates you resided there.

24. Do you have children by a previous marriage?
 Husband: Yes No Wife: Yes No
 If yes, please note which children are the Husband's and which are children of the Wife spouse.

25. Do you have any children who died leaving children of their own?
 Husband: Yes No Wife: Yes No
 If yes, please list the child as deceased on No. 27 (Family Data) and name their children.

26. Do you have financial or care-giving responsibility for any family members (aging parents, disabled children or grandchildren, or other relatives)? Yes No
 If yes, please explain.

*If applicable, please provide a copy of a deceased spouse's death certificate.

27. Family Data
Children

Name of Child	Name of Child
Address	Address
Phone Number	Phone Number
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Spouse's Name	Spouse's Name
Name of Children/Dates of Birth	Name of Children/Dates of Birth

Name of Child	Name of Child
---------------	---------------

Address	Address
Phone Number	Phone Number
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Spouse's Name	Spouse's Name
Name of Children/Dates of Birth	Name of Children/Dates of Birth

28.

BENEFICIARY DATA

***IF YOUR CHILDREN ARE NOT BENEFICIARIES,** please list the names and addresses of beneficiaries. If you are leaving assets to a charity, please provide the exact corporate name of the charity. You should contact the charity prior to our appointment so they can send you the information in writing.*

Name of Beneficiary	Name of Beneficiary
Address	Address
Phone Number	Phone Number
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Relationship	Relationship

Name of Beneficiary	Name of Beneficiary
---------------------	---------------------

Address	Address
Phone Number	Phone Number
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Relationship	Relationship

29.

FINANCIAL

Have either of you given a gift greater than \$10,000 to any individual during your lifetime? Yes No If yes, did you file a gift tax return? ___ If yes, complete the following (use back of form if necessary).

- | | |
|---------------------|---------------------|
| 1. Name: _____ | Name: _____ |
| Date of Gift: _____ | Date of Gift: _____ |
| Item & Value: _____ | Item & Value: _____ |
| 2. Name: _____ | Name: _____ |
| Date of Gift: _____ | Date of Gift: _____ |
| Item & Value: _____ | Item & Value: _____ |

30.

LIFE INSURANCE

(CONTACT THE CARRIER FOR INFORMATION IF NECESSARY)

HUSBAND

WIFE

Company Name: _____

Policy#: _____

Owner: _____

Insured: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Face Value:\$ _____

Cash Surrender Value:\$ _____

Loan Amount:\$ _____

Company Name: _____

Policy#: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Description of Property)

Names as they appear on deed: _____
Date Acquired: _____ Purchase Price: _____
Current Value: _____ Mortgage Balance: _____
Mortgage Company: _____

TOTAL VALUE REAL ESTATE: \$ _____
LESS OUTSTANDING MORTGAGES: \$ _____
EQUITY IN REAL ESTATE: \$ _____

34. OTHER ASSETS: (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, IRAs, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE DESIGNATE AS SUCH.

Type of Asset: _____
Name & Address of Co.: _____
Value: \$ _____ Number of shares (if applicable)
Account #: _____
How is it titled?: _____
Beneficiary Designated: _____

Type of Asset: _____
Name & Address of Co.: _____
Value: \$ _____ Number of shares (if applicable)
Account #: _____
How is it titled?: _____
Beneficiary Designated: _____

Type of Asset: _____
Name & Address of Co.: _____
Value: \$ _____ Number of shares (if applicable)
Account #: _____
How is it titled?: _____
Beneficiary Designated: _____

Type of Asset: _____
Name & Address of Co.: _____

Value: \$ _____ Number of shares (if applicable)
Account #: _____
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Value: \$ _____ Number of shares (if applicable)
Account #: _____
How is it titled?: _____
Beneficiary Designated: _____

Type of Asset: _____
Name & Address of Co.: _____
Value: \$ _____ Number of shares (if applicable)
Account #: _____

How is it titled?: _____

Beneficiary Designated: _____

TOTAL OTHER ASSETS: \$ _____

35. TOTAL OF ALL ASSETS: \$ _____

36. PLAN OF DISTRIBUTION

Who do you want to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc)?

- All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse, then equally between surviving children.
- All to spouse, then
- As follows

37. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____

38. Who shall receive the balance of your estate? (Give percentages if more than one)

- All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse, then equally between surviving children.
- All to spouse, then
- As follows

39. AGE OF DISTRIBUTION: If you do establish a trust to allow a third party to manage assets for minor beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his/her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and the balance at 30. You may use any age or combination of ages that you choose.

APPOINTMENTS

40. HEALTH ISSUES

If you were unable to make medical decisions for yourself, whom would you want your doctor to consult with? (List in order of priority; include your spouse)

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____
2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____
3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Husband:

Wife:

- Priority (1, then 2, then 3)
 Individually (1, then 2 or 3)
 Jointly ("unanimous") (1, then 2 and 3)
41. If you were terminally ill or in a permanent vegetative state do you want to have your life prolonged artificially (by placement of hydration and nutrition tubes)?:
 YES NO YES NO
42. If you were terminally ill do you want to be resuscitated (given CPR)?
 YES NO YES NO
43. Do you wish to be an organ/tissue donor?
 YES NO YES NO

44.

FINANCIAL ISSUES

If you were unable to carry out your financial business, who would you want to do so? (List in order of priority; include your spouse)

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

Husband:

- Priority (1, then 2, then 3)
- Individually (1, then 2 or 3)
- Jointly ("unanimous") (1, then 2 and 3)

Wife:

- Priority (1, then 2, then 3)
- Individually (1, then 2 or 3)
- Jointly ("unanimous") (1, then 2 and 3)

45. If you need a legal guardian (person/property), who would that be?

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

46. **PERSONAL REPRESENTATIVE.** The Will should name a Personal Representative to probate the estate. (Personal Representative is also sometimes referred to as executor or administrator.) Most people name their spouse as primary Personal Representative, with a child, relative, friend or corporate fiduciary as alternate. Who will be the Personal Representative of your estate (in order of preference)?

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

47. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor Trustee should be named. The successor Trustee would be responsible for managing assets if neither you nor your spouse could manage assets due to incompetency or death, and the successor Trustee would distribute assets to beneficiaries only upon the death of both you and your spouse. The successor Trustee is often the same individual or institution named as alternate Personal Representative.

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

**PLEASE COMPLETE THIS SECTION ONLY IF
YOU HAVE MINOR OR DISABLED BENEFICIARIES**

48. **GUARDIAN.** If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve. Who would be the guardian for your minor children?

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____

Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

49. TESTAMENTARY TRUSTEE: You may need a trustee to manage assets for children until they reach an age when you believe they should be capable of managing property on their own. A trustee can keep the children's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company or other person you trust to manage and, distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person. Who would be the trustee of the trust set up for your children?

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone #: _____ Telephone #: _____

GENERAL QUESTIONS

NOTES AND QUESTIONS: Please note anything else which may be of importance in planning your estate, or note any special questions you may have in the space below: