

ESTATE PLANNING CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

NOTE – If you are filling this out for another party please answer as if you are that party. The attorney Client Privilege does not apply until the other party consents to representation.

Today's date: _____

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

PERSONAL INFORMATION

- 1. Name: _____
- 2. Spouse's (including former) name: _____
- 3. Home Address (include zip code): _____
- 4. Home telephone number: _____
- 5. Work telephone number: _____
- 6. Husband's Place of employment _____
- 7. Address _____
- 8. Wife's Place of employment _____
- 9. Address: _____
- 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 _____.
- 13. Other ways to reach you?

Fax: () _____ Email: _____

- 14. Retired? [] Yes [] No
- 15. Marital Status: [] Single [] Divorced (please mark H or W or both) [] Married [] Widowed
- 16. Date/Place of Birth:
Husband: _____
Wife: _____
- 17. Parent's names:
Husband: _____
Wife: _____
- 18. Your Social Security numbers:

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.

- 1. Name: _____

Relationship: _____

Date of birth (children only): _____

Address: _____

2. Name: _____

Relationship: _____

Date of birth (children only): _____

Address: _____

3. Name: _____

Relationship: _____

Date of birth (children only): _____

Address: _____

20. Are any of your children adopted? Yes No.

21. Do any of your children have disabilities that will qualify them for public benefits? Yes No. If so,

A. Do you have a Special Needs Trust in place? Yes No.

B. If you are interested in the Special Needs Trust, who are your preferred trustees:

First Trustee

Name: _____

Relationship: _____

Address:

Telephone No. _____

Second Trustee

Name: _____

Relationship: _____

Address: _____

Telephone No. _____

22. Your CPA (if any):

Name:

Address:

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

Name:

Address:

24. Your desired funeral arrangements:

1. Do you have any present arrangements? Yes No
2. Do you have a pre-paid funeral plan? Yes No
3. Preferred funeral home (if any):

Name:

Location:

4. Do you desire cremation? Yes No

GOALS AND OBJECTIVES

1. Whom do you want to serve as your personal representative (Executor of Will)?

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:

1. I give: _____

To: _____

Address: _____

2. I give: _____

To: _____

Address: _____

3. I give: _____

To: _____

Address: _____

4. I give: _____

To: _____

Address: _____

- 5. I give: _____
To: _____
Address: _____
- 6. I give: _____
To: _____
Address: _____
- 7. I give: _____
To: _____
Address: _____
- 8. I give: _____
To: _____
Address: _____
- 9. 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. 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.

A health care surrogate: A document that will indicate who will make health care decisions for you if you are unable.

First Agent

Name: _____

Relationship: _____

Address:

Telephone No. _____

Second Agent

Name: _____

Relationship: _____

Address: _____

Telephone No. _____

A durable power of attorney: A document that will become or remain effective should a person later become disabled.

First Agent

Name: _____

Relationship: _____

Address: _____

Second Agent

Name: _____

Relationship: _____

Address: _____

ASSET INFORMATION

1. Please list your bank accounts:

A. Bank Name and last four digits: _____

Location of bank: _____

Name(s) on account: _____

Type of account: _____

Approximate value of account: _____

2. Bank Name and last four digits: _____

Location of bank: _____

Name(s) on account: _____

Type of account: _____

Approximate value of account: _____

3. 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? If yes:

Yes No

Home Lot Other _____

A. Type of real estate:

If other, please list:

Location: _____

Name(s) on deed: _____

Approximate value:

Home Lot Other _____

B. Type of real estate:

If other, please list:

Location: _____

Name(s) on deed: _____

Approximate value:

Home Lot Other _____

C. Type of real estate:

If other, please list:

Location: _____

Name(s) on deed: _____

Approximate value: _____

D. 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:

1. Insured: _____

Name of company: _____

Beneficiary: _____

Contingent beneficiary (if any): _____

2. 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 or 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:

1. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

2. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

3. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

4. Name of lender: _____

What asset is held as security: _____

Credit Life Insurance: _____

12. Automobiles/Boats/Motorcycles that you own:

1. Year & make: _____ Name(s) on title: _____

2. Year & make: _____ Name(s) on title: _____

3. Year & make: _____ Name(s) on title: _____

4. Year & make: _____ Name(s) on title: _____

13. Please list any other information that you feel is important or would like to discuss:
