

**ESTATE PLANNING QUESTIONNAIRE**

Date \_\_\_\_\_

1. Husband's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
- Social Security No.: \_\_\_\_\_ U.S. Citizen: Yes  No
- Other Names Known By: \_\_\_\_\_
- Are You Presently Employed? Yes  No  For How Long? \_\_\_\_\_
- Occupation (former if retired): \_\_\_\_\_
- Employer: \_\_\_\_\_
- Office Telephone No.: \_\_\_\_\_

2. Wife's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
- Social Security No.: \_\_\_\_\_ U.S. Citizen: Yes  No
- Other Names Known By: \_\_\_\_\_
- Are You Presently Employed? Yes  No  For How Long? \_\_\_\_\_
- Occupation (former if retired): \_\_\_\_\_
- Employer: \_\_\_\_\_
- Office Telephone No.: \_\_\_\_\_

3. Home Address: \_\_\_\_\_
- Home Telephone Number: \_\_\_\_\_ Florida Resident Since: \_\_\_\_\_
- Other Residences: \_\_\_\_\_

4. Advisors:
- Accountant: \_\_\_\_\_
- Trust Officer: \_\_\_\_\_
- Insurance Agent: \_\_\_\_\_
- Investment Advisor: \_\_\_\_\_

5. Date of Marriage: \_\_\_\_\_ Where Living When Married: \_\_\_\_\_

6. Prior Marriages: Husband: Yes  No  Wife: Yes  No

7. Names of Children of Present Marriage, Whether Natural or Adopted:

A. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

B. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

C. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

8. Names of Children of Prior Marriage (indicate whether husband's or wife's):

A. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

B. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

C. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

9. Do You Have Any Other Relative Dependent Upon You For Support? Yes  No

(If yes, give names and relationships): \_\_\_\_\_

10. Names and Addresses of Other or Alternate Persons to Receive Property: \_\_\_\_\_

11. Please List Any Specific Items or Amounts That You Wish to Give to Any Individuals or Organizations:

NAME

GIFT

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12. All Other Tangible Personal Property (automobiles, clothing, furniture, pictures, etc.) to be Distributed to: (check one)

Spouse; if Spouse Predeceased, to Children Equally \_\_\_\_

Children Equally \_\_\_\_

Other (specify): \_\_\_\_\_

13. Do You Have a Present Will? Yes  No  (if yes, attach a copy)

14. Do You Have Any Present Inter Vivos Trusts? Yes  No

15. Have You Ever Received a Substantial Amount by Inheritance? Yes  No

If Yes, When? \_\_\_\_\_ Approximate Amount: \$ \_\_\_\_\_

16. Do You Anticipate Receiving an Inheritance? Yes  No

If Yes, Give Approximate Amount: \$ \_\_\_\_\_

17. Have You Given Away More Than \$3,000 in Money or Property to Any Person in Any Single Year After 1976 (or \$10,000 in 1982 or later)? Yes  No  (If yes, list amounts by years below or on the reverse side)

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

18. Are You Receiving or Will You Receive an Annuity? Yes  No

If Yes, to Who Will the Payments be Made? \_\_\_\_\_

Is This a Life Annuity? Yes  No

Will the Amounts Continue After Your Death? Yes  No

For How Long? \_\_\_\_\_ What Will the Amount of Each Payment Be? \_\_\_\_\_

19a. Do You Now or Have You Ever Participated in a Plan Maintained by an Employer That Will Provide Benefits in the Event of Your Retirement and/or Death?

Yes  No  Not Sure

b. If Yes, Have You Made any Elections With Respect to Beneficiary Designations, Survivor Benefits, Spousal

Rights, Waivers, or Forms of Payment Under Your Employer's Plan(s)?

20. Do You Presently Have, or Were You Ever a Participant in a Qualified Plan or an IRA?

Yes  No

21. Please Attach Copies of Your Most Recent IRA and/or Retirement Plan Benefit Statements.

22. Who Will Serve as Your Personal Representative?

Each Spouse For The Other? Yes  No  Someone Else? \_\_\_\_\_

Alternate (if above person(s) unable to serve): \_\_\_\_\_

23. Your Choice to Act as Guardian of Your Minor Children (if applicable): \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

24. Do You Have a Safe Deposit Box? Yes  No

If Yes, Where is it Located? \_\_\_\_\_

Name(s) Deposit Box is Listed

Under: \_\_\_\_\_

25. Please Circle Any of The Following States in Which You Have Lived or Acquired Property While Married:

Arizona

Louisiana

Texas

California

Nevada

Washington

Idaho

New Mexico

None

26. Do You Own Any Property in a Foreign Country? Yes  No

**LIST OF ASSETS**

**(Attach additional sheets if necessary)**

	Approximate Values		
	Husband	Wife	Joint
<b><u>1. Real Estate</u></b>			
Residence:			
(Approximate mortgage balance):			
Estimated Value of furnishings:			
Other real estate (give location or briefly describe):			
<b><u>2. Stocks and Bonds, Mutual Funds</u></b>			
A. Publicly traded stock. Name of corporation and type of shares and exchange on which traded:			

	Approximate Values		
	Husband	Wife	Joint
B. Closely-held stock. Name of corporation, number of shares, and shareholders:			
C. Bonds and mutual funds. Bonds: issuer, face value, interest rate, and maturity date, Mutual Funds: name of fund, fund group, and number of units:			
<b><u>3. Bank Accounts, Certificates of Deposit, Money Market Funds, etc.</u></b>  Please give name of bank or institution, type of account, and approximate balance or value:			
<b><u>4. Mortgages, Notes, or Debts (owed to you by someone else)</u></b>  Please list debtor's name, date acquired, and approximate balance remaining:			
<b><u>5. Other Business Interests (Non-Corporate)</u></b>			

	Approximate Values		
	Husband	Wife	Joint
<p><b>6. Annuities (value to be filled in by attorney)</b></p> <p>Please list debtor's name, date acquired, and approximate balance remaining:</p>			
<p><b>7. Miscellaneous Property</b></p> <p>Motor vehicles (including boats, etc.) List total value:</p>			
<p>Jewelry and Art:</p>			
<p>Other valuable items (describe):</p>			

Approximate Values		
Husband	Wife	Joint
List any mortgages or other substantial debts owed by you that are not shown above:		

**9. Life Insurance**

Company	Policy Number	Type*	Issue or Effective Date	Face Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Annual Premium	Loan Against Policy

\* Type means: Individual, Group, etc.