



CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Please write clearly and carefully, to ensure that the information appears correctly in your estate planning documents.

CLIENT 1 INFORMATION:

DATE: _____

Full Legal Name: _____

(Name used to title property and accounts; please include middle initial and any suffixes such as Jr., II, III, etc., if any)

Signature: _____

Also Known As: _____ Prefer to be called: _____

DOB: ____ / ____ / ____ Referred by: _____

US Citizen? Y / N If no, country of citizenship: _____

Home Address: _____

City/Town: _____ State: ____ Zip: ____ County of Residence: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Please check here if you wish to opt out from all email communications.

Preferred Method of Contact: Cell Phone Email Home Phone Work Phone

Employment: Employed Retired Business Owner/Self-Employed Stay-at-home parent Unemployed

Employer (if retired, former employer): _____ Position: _____

Marital Status: Single, Never Married Married (Date: ____ / ____ / ____)

Divorced (Date: ____ / ____ / ____)

Widowed (Date: ____ / ____ / ____)

Existing Pre- or Post-nuptial agreement?

Are either of your parents still living? Y / N Are either of your grandparents still living? Y / N Are you a military veteran? Y / N

CLIENT 2 INFORMATION (IF MARRIED):

Full Legal Name: _____

(Name used to title property and accounts; please include middle initial and any suffixes such as Jr., II, III, etc., if any)

Signature: _____

Also Known As: _____ Prefer to be called: _____

DOB: ____ / ____ / ____

US Citizen? Y / N If no, country of citizenship: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____ County of Residence: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

Please check here if you wish to opt out from all email communications.

Preferred Method of Contact: Cell Phone Email Home Phone Work Phone

Employment: Employed Retired Business Owner/Self-Employed Stay-at-home parent Unemployed

Employer (if retired, former employer): _____ Position: _____

Marital Status: Single, Never Married Married (Date: ___/___/___) Divorced (Date: ___/___/___)

Widowed (Date: ___/___/___) Existing Pre- or Post-nuptial agreement?

Are either of your parents still living? Y / N Are either of your grandparents still living? Y / N Are you a military veteran? Y / N

CHILDREN
Please provide the full names of all children and grandchildren. Please use the back of the page for additional space, if necessary.

CHILD #1 INFORMATION:

Full Legal Name: _____ Also Known As: _____

Parents (if other than Client 1+ Client 2): _____

Gender: M / F DOB: ___/___/___ Minor? Y / N (If yes, please skip to next section.)

Special needs? Y / N US Citizen? Y / N

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Employer: _____ Position: _____

Marital Status: Single, Never Married Married (Date: ___/___/___) Divorced (Date: ___/___/___)

Widowed (Date: ___/___/___) Spouse's Name, if any: _____

GRANDCHILD(REN)'S NAMES (CHILDREN OF CHILD #1)	PARENTS	AGE	SPECIAL NEEDS?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CHILD #2 INFORMATION:

Full Legal Name: _____ Also Known As: _____

Parents (if other than Client 1+ Client 2): _____

Gender: M / F DOB: ____ / ____ / ____ Minor? Y / N (If yes, please skip to next section.)

Special needs? Y / N US Citizen? Y / N

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Employer: _____ Position: _____

Marital Status: Single, Never Married Married (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Widowed (Date: ____ / ____ / ____) Spouse's Name, if any: _____

GRANDCHILD(REN)'S NAMES (CHILDREN OF CHILD #2)	PARENTS	AGE	SPECIAL NEEDS?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

CHILD #3 INFORMATION:

Full Legal Name: _____ Also Known As: _____

Parents (if other than Client 1+ Client 2): _____

Gender: M / F DOB: ____ / ____ / ____ Minor? Y / N (If yes, please skip to next section.)

Special needs? Y / N US Citizen? Y / N

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Employer: _____ Position: _____

Marital Status: Single, Never Married Married (Date: ____ / ____ / ____) Divorced (Date: ____ / ____ / ____)

Widowed (Date: ____ / ____ / ____) Spouse's Name, if any: _____

GRANDCHILD(REN)'S NAMES (CHILDREN OF CHILD #3)	PARENTS	AGE	SPECIAL NEEDS?
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ESTATE PLANNING CONSIDERATIONS

Please answer the following questions with respect to yourself, and if applicable, your spouse. Where applicable, please provide additional information.

YES

NO

Are you or your spouse receiving social security, disability or other governmental benefits?

Are you or your spouse currently, or do either of you anticipate, being sued or having creditor issues?

Are you or your spouse making payments pursuant to a divorce or property settlement agreement?

Have you and/or your spouse ever been widowed?

Have you and/or your spouse ever filed a federal or state gift tax return?

Have you and/or your spouse completed previous wills, trusts, or other estate planning?

Do you or your spouse have any current, or anticipated, medical issues?

Are you or your spouse concerned about your financial means, should one of you become disabled and require in-home or out-of-home nursing care?

Do you or your spouse own more than one property in the state of Florida?

Do you or your spouse own any rental properties?

Do you or your spouse own any real estate outside of Florida? If yes, where? _____

Do you or your spouse own your own business?

Are you or your spouse beneficiaries or trustees of any trust?

Do you or your spouse have a power of appointment under any trust?

Do you or your spouse hold a life insurance, annuity or long-term care policy?

Do you or your spouse own a retirement account?

Do you or your spouse anticipate receiving an inheritance? If yes, please estimate the size: \$ _____

Do you or your spouse provide primary or other major financial support to adult children?

Do your children or grandchildren receive governmental support or benefits?

Do your children or grandchildren have any significant liabilities or other creditor issues?

Aside from your spouse, children and grandchildren, are there any other individuals who you would like to receive assets from your estate at death? If yes, please provide name(s) and relationship(s).

Is there anyone in your family you specifically do not want to receive anything from your estate? If yes, who and why:

Are you or your spouse interested in leaving any assets to charity? If so, which charities? _____

Please select one of the following:

- You are ready to proceed with the creation of your estate plan.
- You had estate planning documents drafted by another attorney and would like to have them reviewed.
- You are here for general information only, and are not interested in creating an estate plan at this time.

Please indicate the issues you would like to discuss:

- | | |
|--|---|
| <input type="checkbox"/> Estate and Probate Administration | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Real Estate Sales and Exchanges | <input type="checkbox"/> Disability Planning |
| <input type="checkbox"/> Business Incorporation | <input type="checkbox"/> Long-Term Care Planning |
| <input type="checkbox"/> Business Succession Planning | <input type="checkbox"/> Medicaid Planning |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Special Needs Beneficiary Planning |
| <input type="checkbox"/> Tax Minimization | <input type="checkbox"/> Charitable Giving |

Please indicate the approximate total value of your assets:

- | | |
|---|--|
| <input type="checkbox"/> Less than \$100,000 | <input type="checkbox"/> \$100,000 – \$250,000 |
| <input type="checkbox"/> \$250,000 – \$500,000 | <input type="checkbox"/> \$500,000 – \$1,000,000 |
| <input type="checkbox"/> \$1,000,000 – \$2,500,000 | <input type="checkbox"/> \$2,500,000 – \$5,000,000 |
| <input type="checkbox"/> \$5,000,000 – \$10,000,000 | <input type="checkbox"/> More than \$10,000,000 |

Please list your favorite hobbies/interests:

What are your favorite charities?

Please list your favorite restaurants.

Please list any other concerns or considerations you may have in planning for yourself and your loved ones:

**Thank you for taking the time to complete this Confidential Estate Planning Questionnaire.
We look forward to working with you!**