



ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

DATE: _____

1. Marital Status: Married Single Widowed Divorced Separated

2. **Your** Legal Name (First, Middle, Last) _____

Social Security No.: _____ Date of Birth (M/D/Y): _____ U.S. Citizen? Yes / No

3. Your **Spouse's** Legal Name (First, Middle, Last) _____

Social Security No.: _____ Date of Birth (M/D/Y): _____ U.S. Citizen? Yes / No

3. Home Address: _____

4. Mailing Address (If different from above): _____

5. Your Cell Phone: _____ Your Home Phone: _____ Your Email: _____

6. Spouse's Cell Phone: _____ Spouse's Email: _____

Your best email for us to send personal documents to (if different from above): _____

Spouse's best email for us to send personal documents to (if different from above): _____

May we leave detailed messages via telephone call or email? Yes / No

LEGAL INSURANCE

1. Legal insurance (Hyatt/Metlaw, ARAG, etc.): _____

2. Policy holder name: _____

3. Employer: _____

4. Case numbers, if provided. You may have one or more: _____

5. Policy holder's member ID or last 4 digits of SSN: _____

6. Have you contacted a representative from your legal insurance? Yes / No If yes, when? _____

ESTATE PLANNING OBJECTIVES

Our clients have a wide variety of reasons to finally take steps to address their life and estate planning goals. These include but aren't limited to: preserving and/or maximizing assets; protect themselves, their spouse, and children or other beneficiaries; or leaving a legacy behind.

Please share the reasons why you are considering estate/life planning now, or areas you would like to learn more about:

PLANNING BACKGROUND INFORMATION

Yes / No Do you have a will, trust, or other estate planning documents? If so, please furnish a copy.

Yes / No Are you making payments pursuant to a divorce or property settlement order?

Yes / No Have you and your spouse signed a pre- or post-marriage contract? If so, please furnish a copy.

Yes / No Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs?

Yes / No Do you own a business? If so, please provide the name: _____

Yes / No Do you own a long-term care (nursing home) insurance policy?

Yes / No Do you have pets?

Yes / No Do you own or have a legal interest in any real property outside of Florida?

Yes / No Are you comfortable signing your estate planning documents electronically (no physical paper documents)

PLEASE LIST ALL THE PEOPLE YOU WOULD LIKE TO NOMINATE IN YOUR PLANNING DOCUMENTS:

Nominee's Full Legal Name	To manage my...		
	Estate after I die ¹	Legal and financial affairs while I'm alive	Medical needs if I cannot
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION CORRESPONDING TO THE NUMBERED INDIVIDUAL ABOVE:

Residence Address	Relation	Best Phone	Best E-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			

PLEASE LIST ALL THE PEOPLE YOUR SPOUSE WOULD LIKE TO NOMINATE IN YOUR PLANNING DOCUMENTS:

Nominee's Full Legal Name	To manage my...		
	Estate after I die ¹	Legal and financial affairs while I'm alive	Medical needs if I cannot
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION CORRESPONDING TO THE NUMBERED INDIVIDUAL ABOVE:

Residence Address	Relation	Best Phone	Best E-mail
1.			
2.			
3.			
4.			
5.			
6.			
7.			

PLEASE LIST ALL YOUR CHILDREN

Legal Name	DOB (If minor)	Last 4 SSN (If minor)	Address	Best Contact #
1.				
2.				
3.				
4.				
5.				
6.				

PLEASE LIST ALL YOUR SPOUSE'S CHILDREN

Legal Name	DOB (If minor)	Last 4 SSN (If minor)	Address	Best Contact #
1.				
2.				
3.				
4.				
5.				
6.				

¹ Person must be over 18, not a Felon, and must be living in Florida unless related by blood (lineal consanguinity): The person is a legally adopted child or adoptive parent of yours; or the person is a spouse, brother, sister, uncle, aunt, nephew, or niece of yours, or the person is related by blood to one of these people; or the person is a spouse of any person listed above.

IF YOU HAVE MINOR (UNDER 18) CHILDREN, PLEASE IDENTIFY WHO YOU'D LIKE TO BE THEIR GUARDIAN:

Legal Name	Relation	What age would you like your assets released to your child(ren)?
1.		
2.		
3.		

ANY PERSON(S) YOU'D LIKE TO DISINHERIT, AND IF SO, WHY:

ANY SPECIAL ITEMS OR BEQUESTS YOU WANT TO GO TO SPECIFIC PEOPLE OR ORGANIZATIONS?

Item(s) / Dollar Amount / Percentage	To Whom (indicate person or organization)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

WOULD YOU LIKE TO MENTION ANY SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL?

IF YOU'RE THINKING ABOUT A TRUST, BRIEFLY OUTLINE HOW YOU'D LIKE ANY OF THE ASSETS OF THE TRUST DISTRIBUTED AFTER YOUR DEATH:

IS THERE ANYTHING ELSE YOU'D LIKE TO ADD OR DISCUSS?

FINANCIAL INFORMATION

LIQUID ASSETS: (BANK ACCOUNTS)

How is the account held Individually or jointly	Account Type	Financial Institution	Value	Beneficiary Designation?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Subtotal				

INVESTMENTS: (401K, IRA, MUTUAL FUNDS, BONDS, STOCKS, CDs, ANNUITIES)

How is the account held Individually or jointly	Account Type	Financial Institution	Value	Beneficiary Designation?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Subtotal				

REAL PROPERTY: (INCOME PRODUCING PROPERTY, IN/OUT OF STATE, UNDEVELOPED, HOMESTEAD)

Type	Value (Taxable)	Titled as	Location (State/County)	Encumbered (Value)
1. Your home				
2.				
3.				
4.				
5.				
6.				
Subtotal				

LIFE INSURANCE:

Company	Whole/Term?	Beneficiary	Value
1.			
2.			
3.			
4.			
Subtotal			

I'd like a referral to a Financial Advisor: | I'd like a referral to a CPA: