

Form 1-2, Estate Planning Questionnaire (for Married Clients Where Both Spouses Will Be Represented)

Estate Planning Questionnaire

In anticipation of our meeting scheduled for _____, if at all possible, it would be great if you could complete this estate planning questionnaire. The more information you can provide, the more efficient the planning process will be. However, please do not spend too much time finding every last document or number before our meeting; any needed information or paperwork can also be obtained later.

Date: _____

1. Full names of both spouses (as you will sign your wills)

2. Address _____

County _____

Have either of you ever lived in any state other than Florida? Yes ___ No ___

Other States

Date you moved to Florida

Husband _____

Wife _____

3. Phone Numbers

a. Home _____

b. Fax _____

Email addresses: _____

4. Birthdates: His _____ Hers _____

Country of Citizenship: His _____ Hers _____

5. Occupation Work phone Yearly income

Husband _____

Wife _____

Family-owned business information

Name _____

Address _____

Description _____

EIN (optional): _____

6. Marital History

a. Date & state of marriage: _____

b. Widowed?

Him:

Yes ___ No ___

Name of deceased spouse _____

Date of death _____

County/State of residence at death _____

Did spouse leave a will? Yes ___ No ___
Was it probated? Yes ___ No ___
(If yes, please include a copy of the will)

Her:
Yes ___ No ___
Name of deceased spouse _____
Date of death _____
County/State of residence at death _____
Did spouse leave a will? Yes ___ No ___
Was it probated? Yes ___ No ___
(If yes, please include a copy of the will)

c. Divorced?

Him:
Yes ___ No ___
Name of ex-spouse _____
Date of divorce _____
State of divorce _____
Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

Her:
Yes ___ No ___
Name of ex-spouse _____
Date of divorce _____
State of divorce _____
Financial obligation _____

(please include copies of any relevant decrees, custody arrangements, separation agreements, etc.)

d. Are there any premarital or post-marital agreements in effect? Yes ___ No ___
(please include a copy)

7. Children & Grandchildren (please include any who are deceased)

a. Children of this marriage	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

b. His children of previous marriage	Birthdate	State of Residence
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

c. Her children of previous marriage	Birthdate	State of Residence
1.	_____	_____

2. _____
3. _____
4. _____
5. _____
6. _____

d. Grandchildren	Birthdate	State of Residence	Parent's Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

e. Which descendants listed above are deceased?

8. Assets

a. Real Estate	Owner on Title Residence	Approx. Value	Mortgage Balance
_____	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

b. Savings/Checking/Brokerage Accounts			
Titling/Owner	Account Type	Financial Institution	Approx. Value or Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. IRA			
Institution/Custodian	Owner	Approx. Value	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Employee Benefit Plans (for defined contribution plans, such as 401(k) plans, please list the current account balance. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment. For stock options, please indicate current value). Please list.

Plan Type	Institution/Administrator	Balance	Primary Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yearly Contribution (for defined contribution plans): _____

e. Life Insurance (list cash value and payoff value)				
Institution	Insured	Cash Value	Payoff Amount	Primary Beneficiary
_____	_____	_____	_____	_____

f. Trust Interests (including powers of appointment)

g. Other Major Assets (fine artwork, pending lawsuits, etc.)

h. Anticipated Inheritance

Name of Person Who May Leave You Something _____

Relationship _____

Rough Estimate of Amount _____

i. Business Interests Ownership Arrangement (partnership/S-corp., etc.)

Owner _____

Approx. Value _____

Number of Employees _____

j. Automobiles & Vehicles (including boats & trailers)

Make & Year	Date Acquired	Owner on Title	Issuer State	Value	Loan
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9. Liabilities (excluding mortgages or car loans listed above)

	Description	Amount
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a. Consumer Debts _____

b. Business Debts _____

c. Guarantees _____

10. Have you ever made any taxable gifts? (please include copies of gift tax returns that you have filed)

Recipient	Amount	Date	Source of Funds
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11. Dispositive Plan

a. Do you presently have a will? Yes ___ No ___ (please include a copy, if readily available)

b. What are your estate planning objectives? (simplify probate, avoid income or estate taxes, provide for disabled relatives, make charitable gifts, set up generation-skipping trusts, etc.)

c. In general, to whom do you want your estate to be distributed?

1. Husband:

2. Wife:

d. Your wills will set up basic trusts for any minor children, grandchildren, or other relatives who might inherit under your will. At what age should these trusts terminate and distribute the assets outright to such beneficiaries? _____

12. Fiduciaries

Your personal representative is responsible for probating your will and distributing your assets to your beneficiaries. Married persons often appoint their spouses as primary personal representative. Many banks and other institutions will serve as personal representative for a fee, but often it is best to appoint one of your beneficiaries who may be willing to serve for free. Many individuals who are not residents of the State of Florida are prohibited, under Florida law, from serving as a personal representative. In any case, please list in the below provided space all persons whom you intend to have act as the primary and alternate personal representatives. We can review these designations together and I can let you know whether one or more of these individuals will not qualify to serve as a personal representative under Florida law.

If you have minor children, you should appoint a guardian to take care of them if both of you were to die before they reach age 18 (you can also appoint a married couple as co-guardians). You should also appoint a trustee to manage any money the children inherit. The trustee and the guardian are frequently the same person; if you prefer to appoint different people to these posts, please make a note in the margin. If you wish to appoint more alternates than the space below allows, please use the back of this sheet.

His

a. Personal representative

Primary

Name: _____

City & State: _____

Relationship: _____

Hers

a. Personal representative

Primary

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

First Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

Second Alternate

Name: _____

City & State: _____

Relationship: _____

b. Guardian and Trustee for minor children
Primary
Name: _____
City & State: _____
Relationship: _____

b. Guardian and Trustee for minor children
Primary
Name: _____
City & State: _____
Relationship: _____

First Alternate
Name: _____
City & State: _____
Relationship: _____

First Alternate
Name: _____
City & State: _____
Relationship: _____

Second Alternate
Name: _____
City & State: _____
Relationship: _____

Second Alternate
Name: _____
City & State: _____
Relationship: _____

13. Other Estate Planning Documents

- a. Durable Power of Attorney. This document allows your designated agent to handle all of your personal financial affairs, including the execution of contracts, tax returns, motor vehicle registrations, real estate sales, bank account transactions, etc., and is important to have in place in the event you become incapacitated in any way. Spouses often name each other as their primary agents.

His
Primary
Name: _____
Address: _____

Hers
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Relationship: _____
Telephone #: _____

- b. Designation of Health Care Surrogate

This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care, etc. Spouses often name each other as their primary health care surrogate.

His
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Hers
Primary
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

c. Living Wills

This document is based on the form authorized by the Florida Statutes. The living will specifies that you do not desire for your dying to be artificially prolonged in the event you have a terminal condition, end-stage condition or are in a persistent vegetative state and if your attending (or treating) physician and another consulting physician have determined that there is no reasonable medical probability of recovery from such condition. It also states you direct that your life-prolonging procedures be withheld or withdrawn when such procedures would only serve to prolong artificially the process of dying and that you be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide you with comfort care or to alleviate pain. The living will form allows you to identify the instances in which you would like life-prolonging procedures to be withheld or withdrawn; i.e., if you have a terminal condition, an end-stage condition or are in a persistent vegetative state. You identify the circumstances in which you would like to have life-prolonging procedures withheld or withdrawn by placing your initials next to the separate form line for terminal condition, end-stage condition and persistent vegetative state condition. The living will designates someone as your surrogate who will act in such capacity if you are unable to provide express and informed consent regarding the described living will matters and, as surrogate, this person has the authority to carry out the provisions of your living will. You may designate backup surrogates to serve in the event that your primary surrogate is unable to serve as surrogate under your living will. Many times the persons designated as the primary and alternate health care surrogates on the Designation of Health Care Surrogate form are also listed as the surrogates on the living will. Spouses often name each other as their primary surrogate.

His
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Hers
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

First Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

Second Alternate
Name: _____
Address: _____

Relationship: _____
Telephone #: _____

d. Declaration of Preneed Guardian in the Event Need Arises

This document allows you to designate who you want to serve as your guardian in the event a guardianship is instituted for you. Your durable power of attorney may be set aside by the court. An important feature of this document is that you can designate in advance the person or persons you want to serve as your guardians. Most people generally choose as the guardian of their property the same person they appointed in their durable power of attorney as their agent, and often they designate as guardian of the person the same person they have designated as their health care surrogate on their Designation of Health Care Surrogate form. Spouses often name each other as their primary preneed guardian.

His
Guardian of the Property
(for Financial Purposes):
Primary: _____
Alternates: _____

His
Guardian of the Person:
Primary: _____
Alternates: _____

Hers
Guardian of the Property (for Financial Purposes):
Primary: _____
Alternates: _____

Hers
Guardian of the Person:
Primary: _____
Alternates: _____