

Welcome!

You are about to begin the process of estate planning. In order for us to make this process more pleasant for you, we must begin by obtaining as much information as possible regarding your personal estate. Although this questionnaire covers a lot of information, it is necessary to the estate planning process and its completion will enable us to keep costs down for you.

The following questions are designed to facilitate this process, not to intimidate you. Please answer all of the questions to the best of your ability. We have found that having this data available at the initial conference greatly aids both you and us in focusing on estate planning issues. If you do not have certain information you may notify us at a later date.

- If a certain question does not pertain to you, enter "N/A".
- If certain information is the same for the spouses, please enter "Same".
- If you need more space, please attach a separate page with the number and question you are responding to and type or write the information.
- **When you have completed the form to the best of your ability, please sign the signature page and return the document to our firm via facsimile, mail or electronic mail (after scanning it).**

If you have any problems using this form or understanding certain questions, please feel free to contact our office.

Let's get started!

Estate Planning Questionnaire

General Information

Date: _____

Client Name: _____

Referred By: _____

General Information

Client Information

1. Full Name:

2. Social Security Number:

3. Home Address:

Street Address

City, State, Zip

County

4. How long have you resided at this residence?

5. Telephone Numbers:

Home

Fax

Mobile

Vacation Home

Vacation Fax

Other Phone

Other Fax

6. E-mail Address:

Spouse/Significant Other Information

1. Full Name:

2. Social Security Number:

3. Home Address:

Street Address

City, State, Zip

County

4. How long have you resided at this residence?

5. Telephone Numbers:

Home

Fax

Mobile

Vacation Home

Vacation Fax

Other Phone

Other Fax

6. E-mail Address:

CLIENT NAME: _____

Client Information

7. Birth Information:

Birth Date Age

City and State of Birth

Country of Birth

8. Place of Employment:

Company Name

Street Address

City, State, Zip

Telephone

Fax

9. Parents' Information:

Is your Father living? Yes No

Father's Name

Is your Mother living? Yes No

Mother's Name

Street Address

City, State, Zip

Telephone

Mother's Maiden Name

Parent's Approximate Net Worth

Number of Parents' Other Children

Spouse/Significant Other Information

7. Birth Information:

Birth Date Age

City and State of Birth

Country of Birth

8. Place of Employment:

Company Name

Street Address

City, State, Zip

Telephone

Fax

9. Parents' Information:

Is your Father living? Yes No

Father's Name

Is your Mother living? Yes No

Mother's Name

Street Address

City, State, Zip

Telephone

Mother's Maiden Name

Parent's Approximate Net Worth

Number of Parents' Other Children

Client Information

10. Marital Information:
(Provide copy of previous post nuptial agreement(s) if any.)

Currently married? Yes No

Spouse Name

Date of Marriage

If married, have you and/or your spouse signed a pre- or post-marriage contract? (If yes, please furnish a copy.)

Yes No

Have you or your spouse been widowed?
(If yes and a federal estate tax return or a state death tax return was filed, please furnish a copy.)

Yes No

Any prior marriages? Yes No

11. Most Recent Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

12. Other Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

Are you making payments pursuant to a divorce or property settlement order? (If yes, please furnish a copy.)

Spouse/Significant Other Information

10. Marital Information:
(Provide copy of previous post nuptial agreement(s) if any.)

Currently married? Yes No

Spouse Name

Date of Marriage

If married, have you and/or your spouse signed a pre- or post-marriage contract? (If yes, please furnish a copy.)

Yes No

Have you or your spouse been widowed?
(If yes and a federal estate tax return or a state death tax return was filed, please furnish a copy.)

Yes No

Any prior marriages? Yes No

11. Most Recent Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

12. Other Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

Are you making payments pursuant to a divorce or property settlement order? (If yes, please furnish a copy.)

CLIENT NAME: _____

Client Information

13. Citizenship and Domiciliary:

U.S. Citizen? Yes No
U.S. Resident? Yes No

Citizenship Country (If other than U.S.)

Date you became a domiciliary of the Florida:

If married, have you lived in any of the following states while married to each other? Check all appropriate states.

- Arizona New Mexico
- California Texas
- Idaho Washington
- Louisiana Wisconsin
- Nevada

What other states have you previously resided in during your current marriage:

Spouse/Significant Other Information

13. Citizenship and Domiciliary:

U.S. Citizen? Yes No
U.S. Resident? Yes No

Citizenship Country (If other than U.S.)

Date you became a domiciliary of the Florida:

If married, have you lived in any of the following states while married to each other? Check all appropriate states.

- Arizona New Mexico
- California Texas
- Idaho Washington
- Louisiana Wisconsin
- Nevada

What other states have you previously resided in during your current marriage:

Children and Other Dependents

Please include deceased children and indicate a "D" in parenthesis (i.e., (D)) after name. Please also indicate adopted children with an "A" in parenthesis (i.e., (A)) after name.

1. Children Born To Both Spouses of Current Marriage:

<i>Child's Name</i>	<i>Spouse's Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>	<i>Birth Date</i>	<i>Names of Child's Children and Ages</i>
a.) _____	_____	_____	T _____ E _____	_____	_____
b.) _____	_____	_____	T _____ E _____	_____	_____
c.) _____	_____	_____	T _____ E _____	_____	_____
d.) _____	_____	_____	T _____ E _____	_____	_____
e.) _____	_____	_____	T _____ E _____	_____	_____

2. Other Children of Client from Prior Marriage:

<i>Child's Name</i>	<i>Spouse's Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>	<i>Birth Date</i>	<i>Names of Child's Children and Ages</i>
a.) _____	_____	_____	T _____ E _____	_____	_____
b.) _____	_____	_____	T _____ E _____	_____	_____
c.) _____	_____	_____	T _____ E _____	_____	_____

3. Other Children of Spouse from Prior Marriage:

	<i>Child's Name</i>	<i>Spouse's Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>	<i>Birth Date</i>	<i>Names of Child's Children and Ages</i>
a.)	_____	_____	_____ _____	T _____ E _____	_____	_____
b.)	_____	_____	_____ _____	T _____ E _____	_____	_____
c.)	_____	_____	_____ _____	T _____ E _____	_____	_____

4. Other Dependents and Persons Who Live In the Household:

	<i>Child's Name</i>	<i>Spouse's Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>	<i>Birth Date</i>	<i>Names of Child's Children and Ages</i>
a.)	_____	_____	_____ _____	T _____ E _____	_____	_____
b.)	_____	_____	_____ _____	T _____ E _____	_____	_____
c.)	_____	_____	_____ _____	T _____ E _____	_____	_____

5. Disabled or Special Needs Beneficiaries:

	<i>Beneficiary's Name</i>	<i>Disability or Special Need</i>	<i>Birth Date</i>	<i>Relationship</i>
a.)	_____	_____ _____	_____	_____
b.)	_____	_____ _____	_____	_____
c.)	_____	_____ _____	_____	_____

6. Do any of your children receive governmental support or benefits?

Yes No

7. Do you provide primary or other major financial support to adult children or other?

Yes No

Family Advisors -

Accountant, Life Insurance Agent, Stock Broker, Banker, and Safe Deposit Box

1. Accountant:

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
	_____	Fax _____
	_____	E-mail _____

2. Life Insurance Agent:

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
	_____	Fax _____
	_____	E-mail _____

3. Stock Broker:

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
	_____	Fax _____
	_____	E-mail _____

4. Trust Officer and/or Banker:

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
	_____	Fax _____
	_____	E-mail _____

5. Safe Deposit Box and Location:

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
	_____	Fax _____
	_____	E-mail _____

Asset and Liability Information

COMMENT: Separate schedules may be prepared to detail each asset, e.g., cash may be broken down into savings accounts, checking accounts, certificates of deposit, money market certificates, and liquid asset accounts, accompanied by the respective banking institution or investment firm in which each is held. The amount of detail required will depend on the size and nature of each individual estate. Please contact our office for assistance.

Household Income

Include all sources of income including social security, disability and other governmental benefits.

	<i>Recipient</i>	<i>Source</i>	<i>For how many years?</i>	<i>Amount</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Cash Assets

Please list only those assets valued at over One Thousand Dollars (\$1,000.00). Estimate current value to the best of your knowledge. Assets of each spouse should be included.

	<i>Bank Name</i>	<i>Type of Account</i>	<i>Names on Account</i>	<i>Account Number</i>	<i>Average Balance</i>
1.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____

Cash Assets (cont'd)

	<i>Bank Name</i>	<i>Type of Account</i>	<i>Names on Account</i>	<i>Account Number</i>	<i>Average Balance</i>
4.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____

Tangible Personal Property/Collectibles

Include autos, household furnishings, personal belongings and collectibles (estimate collective value). Individual items valued at over One Thousand Dollars (\$1,000.00) should be listed separately. For any collectibles, please indicate separately how property was acquired, latest appraisal and provide copy of any insurance coverage.

	<i>Description</i>	<i>Owner</i>	<i>Cost at date of acquisition, if known</i>	<i>Present Value</i>
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

4.	_____	_____	_____	_____

5.	_____	_____	_____	_____

6.	_____	_____	_____	_____

7.	_____	_____	_____	_____

8.	_____	_____	_____	_____

9.	_____	_____	_____	_____

10.	_____	_____	_____	_____

Intangible Personal Property

This type of property includes stocks, mutual funds, bonds, notes and mortgages receivable. Attach brokerage statements whenever possible and list only a summary of accounts where statements are provided.

	<i>Description</i>	<i>Owner</i>	<i>Cost at date of acquisition, if known</i>	<i>Present Value</i>
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

4.	_____	_____	_____	_____

5.	_____	_____	_____	_____

6.	_____	_____	_____	_____

7.	_____	_____	_____	_____

8.	_____	_____	_____	_____

9.	_____	_____	_____	_____

10.	_____	_____	_____	_____

Real Estate

	<i>Description (residence, unimproved acreage, etc.)</i>	<i>Location (County & State)</i>	<i>Cost at date of acquisition</i>	<i>Owner</i>	<i>Current Value</i>
1.	_____	_____ _____ _____	_____	_____	_____
2.	_____	_____ _____ _____	_____	_____	_____
3.	_____	_____ _____ _____	_____	_____	_____
4.	_____	_____ _____ _____	_____	_____	_____

Business Interest

	<i>Name</i>	<i>Form (Corporation, Partnership, other)</i>	<i>Value at Date of Acquisition</i>	<i>Owner</i>	<i>Value of Shares Owned</i>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

Pension, Profit Sharing, Other Employee Benefits and Annuities

Indicate if any IRAs are "Roth IRAs".

	<i>Company Name</i>	<i>Type</i>	<i>Owner</i>	<i>Value of Death Benefits</i>	<i>Principal (P) and Contingent (C) Beneficiaries</i>
1.	_____	_____	_____	_____	P - _____ C - _____
2.	_____	_____	_____	_____	P - _____ C - _____
3.	_____	_____	_____	_____	P - _____ C - _____
4.	_____	_____	_____	_____	P - _____ C - _____
5.	_____	_____	_____	_____	P - _____ C - _____
6.	_____	_____	_____	_____	P - _____ C - _____
7.	_____	_____	_____	_____	P - _____ C - _____
8.	_____	_____	_____	_____	P - _____ C - _____
9.	_____	_____	_____	_____	P - _____ C - _____
10.	_____	_____	_____	_____	P - _____ C - _____

Trust Interests

Include trusts either created by you or under which you have an interest.

	<i>Trustee</i>	<i>Beneficiary</i>	<i>Date Established</i>	<i>Settlor (Grantor)</i>	<i>Describe Beneficial Interest or Power of Appointment</i>	<i>Value</i>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

Expectancies

An "expectancy" is typically an anticipated inheritance or anticipated distribution from a trust.

	<i>Expected by Whom</i>	<i>Expected From Whom (Relationship)</i>	<i>Type of Property</i>	<i>Value</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Miscellaneous Assets

List other assets that cannot be classified in another asset category.

	<i>Description</i>	<i>Owner</i>	<i>Cost at date of acquisition if known</i>	<i>Present Value</i>
1.	_____	_____	_____	_____

2.	_____	_____	_____	_____

3.	_____	_____	_____	_____

4.	_____	_____	_____	_____

5.	_____	_____	_____	_____

Liabilities

Home mortgages, other mortgages, and revolving credit lines are examples of liabilities.

<i>Type</i>	<i>Original Amount</i>	<i>Property which secures debt, if any</i>	<i>Date of Loan</i>	<i>Interest Rate</i>	<i>Creditor and Address</i>	<i>Term of Years</i>	<i>Current Balance</i>	<i>Current Payments</i>	<i>Who Signed Note</i>
1.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____

Contingent Liability

Loan guarantees and lawsuits are examples of contingent liabilities.

	<i>Type</i>	<i>Original Amount</i>	<i>Property which secures debt, if any</i>	<i>Date of Loan</i>	<i>Interest Rate</i>	<i>Creditor & Address</i>	<i>Term of Years</i>	<i>Current Balance</i>	<i>Current Payments</i>	<i>Who Signed Note</i>
1.	_____	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____ _____ _____	_____	_____	_____	_____

Taxable Gifts

1. Were any gifts made by (either or both of) you during your lifetime for which a federal gift tax return (IRS Form 709) should be filed (i.e., gifts made by a donor which were in excess of \$3,000 per donee during any calendar year prior to 1982 and in excess of \$10,000 per donee during any calendar year after 1981)?

Yes No

2. If so, please describe the nature and amounts of these gifts in chronological order.

Were federal gift tax returns filed for such gifts?

Yes No

If so, please attach copies of all of your federal gift tax returns filed with the Internal Revenue Service.

Stock Options

1. Do you have any stock options from corporations that employed you or for which you served as an officer or director?

Yes No

2. If so, please describe.

3. Were Internal Revenue Code Section 83 elections made with respect to any such options?

Yes No

Insurance Issues

Life Insurance

	<i>Insured</i>	<i>Company and Policy Number</i>	<i>Owner</i>	<i>Principal (P) and Contingent (C) Beneficiaries</i>	<i>Current Cash Value Net of any Policy Loans</i>	<i>Annual Premium</i>	<i>Face Value</i>
1.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
2.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
3.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
4.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
5.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
6.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
7.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
8.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
9.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____
10.	_____	Co. _____ No. _____	_____	P- _____ C- _____	_____	_____	_____

Disability Insurance

	<i>Insured</i>	<i>Company and Policy Number</i>	<i>Owner</i>	<i>Monthly or Other Benefits</i>	<i>Term of Disability Payments</i>
1.	_____	Co. _____ No. _____	_____	_____	_____
2.	_____	Co. _____ No. _____	_____	_____	_____
3.	_____	Co. _____ No. _____	_____	_____	_____
4.	_____	Co. _____ No. _____	_____	_____	_____

General Liability Umbrella Insurance

	<i>Insured</i>	<i>Company and Policy Number</i>	<i>Owner</i>	<i>Coverage</i>	<i>Underlying Coverage</i>
1.	_____	Co. _____ No. _____	_____	_____	_____
2.	_____	Co. _____ No. _____	_____	_____	_____
3.	_____	Co. _____ No. _____	_____	_____	_____
4.	_____	Co. _____ No. _____	_____	_____	_____

Long-Term Health Insurance

Client Name: _____

	<i>Insured</i>	<i>Company and Policy Number</i>	<i>Owner</i>	<i>Coverage</i>	<i>Underlying Coverage</i>
1.	_____	Co. _____ No. _____	_____	_____	_____
2.	_____	Co. _____ No. _____	_____	_____	_____
3.	_____	Co. _____ No. _____	_____	_____	_____

Estate Planning Information

Your Estate Planning Concerns

Please rate the following as to how important they are to you:

H = high concern; **S** = some concern; **L** = low concern; **N/A** = no concern or not applicable

DESCRIPTION	LEVEL OF CONCERN
Desire to get affairs in order and to create a comprehensive plan to manage affairs in case of death or disability.	_____
Providing for and protecting a spouse.	_____
Providing for and protecting children.	_____
Providing for and protecting grandchildren.	_____
Disinheriting any children or descendants.	_____
Providing for charities at the time of death.	_____
Plan for the transfer and survival of a family business.	_____
Avoiding or reducing your estate taxes.	_____
Avoiding probate.	_____
Reduce administration costs at time of your death.	_____
Avoiding a guardianship ("living probate") in case of disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children's inheritance from the possibility of failed marriages.	_____
Protect children's inheritance in the event of a surviving spouse's remarriage.	_____
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	_____

OTHER CONCERNS:

Estate Plan Design Information

Have you or your spouse completed estate planning documents previously?

If yes, please provide document copies.

Yes No

The first portion of the information needed to design your unique estate plan focuses on naming the persons who will act for you in the event of your disability or your death.

Guardians

If a child is under the age of 18 and if both parents should die, then the court will appoint a guardian of the person and a guardian of the property for that child. Often a single person or couple serves in both capacities. A parent may nominate those guardians in his will, and the court will give weight (but will not be bound) by that nomination.

If you have any children under the age of eighteen (18), list in order of preference whom you wish to be guardian (individuals or couples).

1. Proposed Guardian of the Person

<i>Name and Relationship</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
_____	_____	Fax _____
		E-mail _____

2. Proposed Guardian of the Property (If Different From #1)

<i>Name and Relationship</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
_____	_____	Fax _____
		E-mail _____

3. Alternate Guardian of the Person

<i>Name and Relationship</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
_____	_____	Fax _____
		E-mail _____

4. Alternate Guardian of the Property (If Different From #3)

<i>Name and Relationship</i>	<i>Address</i>	<i>Telephone and E-mail</i>
_____	_____	Phone _____
_____	_____	Fax _____
		E-mail _____

Personal Representatives and Trustees

1. Personal Representative/Executor of Your New Wills & Successor Personal Representative

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
a) <i>Initial Personal Representative</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____
b) <i>Co-Personal Representative (if any)</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____
c) <i>Successor Personal Representative</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____

2. Trustee & Successor Trustee over any Trusts to be Created in Your New Estate Plan:

Usually the settlor will be the trustee of his or her own trust. Both spouses can serve jointly as co-trustees, which allows continued control of your jointly-held assets after establishing individual trusts for each spouse.

<i>Name</i>	<i>Address</i>	<i>Telephone and E-mail</i>
a) <i>Initial Trustee</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____
b) <i>Co-Trustee (if any)</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____
c) <i>Successor Trustee</i>		
_____	_____	Phone _____
	_____	Fax _____
		E-mail _____

Other Representatives

Client Information

1. Powers of Attorney:

If you were unable to make financial decisions, whom would you want to make those decisions for you?

Attorney-in-Fact Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your attorney-in-fact to make gifts on your behalf during your incapacity?

Yes No

Gifting Power Details (e.g., only annual exclusion gifts):

2. Health Care Surrogates:

If you were unable to make decisions, whom would you want to make decisions for you regarding your medical treatment?

Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Spouse/Significant Other Information

1. Powers of Attorney:

If you were unable to make financial decisions, whom would you want to make those decisions for you?

Attorney-in-Fact Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your attorney-in-fact to make gifts on your behalf during your incapacity?

Yes No

Gifting Power Details (e.g., only annual exclusion gifts):

2. Health Care Surrogates:

If you were unable to make decisions, whom would you want to make decisions for you regarding your medical treatment?

Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

CLIENT NAME: _____

Client Information

Do you want to authorize your surrogate or other fiduciary to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

Yes No

In making distributions during any period of time that the client is incapacitated, the successor trustee shall give primary consideration to:

- Disabled client.
- Disabled client and then other spouse.
- Disabled client, then other spouse, then descendants.

3. Living Will:

If terminally ill, do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means?

Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Yes No

Spouse/Significant Other Information

Do you want to authorize your surrogate or other fiduciary to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

Yes No

In making distributions during any period of time that the client is incapacitated, the successor trustee shall give primary consideration to:

- Disabled client.
- Disabled client and then other spouse.
- Disabled client, then other spouse, then descendants.

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If terminally ill, do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means?

Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Yes No

Distributions of Personal Property and Specific Gifts

Client Information

1. Personal Property Memorandum:

Do you want to provide that your tangible personal property be distributed according to a written list that you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Spouse, then children equally.
- Spouse, then to balance of trust.
- Spouse, then other named individuals.
- Children.
- To the balance of the trust.
- Other named individuals: List names:

2. Specific Gifts:

List any specific gifts of real estate or cash gifts you wish to make either to individuals or charities.

Individual or Charity

Street Address

City, State, Zip

Amount or Property

Are these gifts to be made even if other spouse is alive?

Yes No

Spouse/Significant Other Information

1. Personal Property Memorandum:

Do you want to provide that your tangible personal property be distributed according to a written list that you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Spouse, then children equally.
- Spouse, then to balance of trust.
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- Children.
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- Other named individuals: List names:

2. Specific Gifts:

List any specific gifts of real estate or cash gifts you wish to make either to individuals or charities.

Individual or Charity

Street Address

City, State, Zip

Amount or Property

Are these gifts to be made even if other spouse is alive?

Yes No

Division of Property Upon Death of Surviving Spouse

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN.
- DIVIDE IN AMOUNTS SPECIFIED BELOW TO NAMED INDIVIDUALS and/or CHARITIES (must total 100%):

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

- DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves. However, beneficiary may be given the right to maintain the property in trust, which may give some protection from creditors and predators.
- STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time that the property is held in trust, it is available to the beneficiary for needs (health, education, maintenance, and support). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal, e.g., 1/3 at age 30, 1/3 at age 35, and the balance at age 40.

Please note that retention of property (i.e., principal/trust assets) in a "discretionary" trust can generally (a) leverage tax advantages by allowing property to descend to your descendants in a tax-efficient manner and (b) protect the retained principal and/or trust income from a beneficiary's creditors (e.g., a former spouse, a tort claimant injured by the beneficiary, or a business partner involved in a beneficiary's failed business venture).

You decide how the trust is designed. You also decide who should manage the property and carry out your distribution instructions.

INITIAL TRUSTEES OF TRUSTS FOR CHILDREN & TRUSTS FOR DESCENDANTS

Does beneficiary have the right to be a co-trustee and/or choose his or her own co-trustee?

- Yes No

If not, list who will serve as initial trustee(s):

DISTRIBUTIONS FOR THE BENEFIT OF CHILDREN & DESCENDANTS

- Mandatory income:
 - Upon trust creation; or
 - At specified age: 21 25 _____
- Mandatory principal:
 - Right to withdraw principal (ongoing) upon trust creation; and/or
 - At specified age: One-Third at 30, One-Third at 35, and One-Third at 40;

OR specify alternative ages

Specific Gifts

Whom do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event that no one listed above is alive to receive my property, I want my property distributed as follows:

- To each spouse's respective heirs-at-law.
- One-half to male's heirs-at-law and one-half to female's heirs at law.
- To the following named individuals and/or charities in the following specified amounts
(must total 100%):

Funeral/Burial Arrangements

Please list any arrangement you have (i.e., location of plots, type of service, etc.).

Other Items to Include or Discuss

Obviously your estate plan should address all of your hopes, fears, and wishes. Please list any other items that you want included or want to discuss:

CLIENT NAME: _____

Acknowledgment

We rely on the information you furnish us in making recommendations for the formulation and/or revision of your estate plan. If the information supplied is either inaccurate or incomplete, our recommendations may be inappropriate, or worse, harmful. We therefore rely upon you to take the necessary time and diligence to place in our hands data that can be used by us with confidence in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of inaccurate or incomplete data or personal information.

By signing below and/or by submitting this questionnaire to us by mail, by facsimile, or electronically, the person(s) identified below certify that the information supplied in this questionnaire is, to the best of his and/or her knowledge, accurate and complete.

CLIENT SIGNATURE

CLIENT SIGNATURE

The attorneys of this law firm periodically send information regarding estate planning and recent tax law updates via e-mail or postal mail.

Privacy Policy: This law firm does not sell, rent, or loan our customer e-mail addresses to any third party. By opting-in to our list, you are agreeing to receive e-mail updates from us.

I WOULD LIKE TO SUBSCRIBE TO THE FOLLOWING LISTS:

E-MAIL

POSTAL MAIL

Checklist of Documents to Examine in the Estate Planning Process

- Present and prior wills and other estate planning documents (powers of attorney, living wills, etc.)
- Trust instruments under which client is either grantor, trustee or beneficiary
- Income tax returns (most recent)
- Gift tax returns (all)
- Florida intangible tax return (most recent)
- Financial statements prepared by accountant
- Financial information submitted to lending institutions
- Real and personal property tax bills
- Deeds to property
- Mortgages
- Stock and bond certificates (or brokerage firm account statements if securities are held in such accounts)
- Government, municipal and corporate bonds
- Life and health insurance policies and annuities
- Savings account passbooks and certificates of deposit
- Governing documents of any corporations, partnerships, or limited liability companies
- Shareholder or other stock-related agreements
- Pension and profit-sharing plans
- Leases
- Instruments under which client has any interest or power of appointment
- Prenuptial or postnuptial agreements or separation agreements
- Judgments of dissolution of marriage
- Court orders or agreements under which client is obligated to provide support

Additional Information

Please use these pages for additional information.

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