

(USE YOUR "BACK" BUTTON TO RETURN TO THE WEBSITE)

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**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Please designate "N/A" (not applicable) for any items which do not apply to your particular family situation. Attach a supplementary schedule if necessary:

**FAMILY INFORMATION:**

DATE

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SPOUSE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS

BUSINESS ADDRESS

TELEPHONE: (home) \_\_\_\_\_ (business) \_\_\_\_\_

ARE YOU A FLORIDA RESIDENT? Yes \_\_\_\_\_ No \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ PREMARITAL AGREEMENT? Yes \_\_\_\_\_ No \_\_\_\_\_

WERE YOU OR YOUR SPOUSE MARRIED BEFORE? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE ATTACH DIVORCE DECREE OR SUMMARY OF OBLIGATIONS.

DO YOU PRESENTLY HAVE A WILL? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU PRESENTLY HAVE A TRUST? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE BRING THE ORIGINAL OR A TRUE COPY OF THE DOCUMENT(S) WITH YOU TO OUR OFFICE.

HAVE YOU CREATED ANY TRUSTS, OR GIVEN PROPERTY TO BE HELD IN TRUST FOR YOU OR ("ITF") ANOTHER?  
Explain:



PRESENT ADVISORS:

ACCOUNTANT/CPA

BANKER (BANK)

INVESTMENT ADVISER

INSURANCE AGENT

**DISTRIBUTION OBJECTIVES**

1. UPON YOUR DEATH, HOW, TO WHOM AND WHEN DO YOU WANT YOUR ASSETS DISTRIBUTED?

2. IF YOU AND YOUR SPOUSE BOTH DIE PREMATURELY, SHOULD YOUR CHILDREN RECEIVE PROPERTY AT THE AGE OF MAJORITY (18) OR SHOULD IT BE HELD TO A MORE MATURE AGE (i.e. 1/2 at 25 and 1/2 at 30, etc.)?

3. DO YOU CONTEMPLATE MAKING GIFTS?

IF SO, HOW MUCH AND WHEN?

4. WHO IS THE BENEFICIARY OF YOUR:

(A) LIFE INSURANCE POLICIES: Primary \_\_\_\_\_

Contingent

(B) PENSION/IRA: Primary

Contingent

**LOCATION OF ASSETS:**

DO YOU HAVE ANY ASSETS LOCATED OUTSIDE THE STATE OF FLORIDA?

IF SO, WHAT AND WHERE: 1.

2.

3.

**SAFETY DEPOSIT BOX:**

DO YOU HAVE A SAFETY DEPOSIT BOX?

IF SO, IS IT IN YOUR NAME ALONE, OR JOINTLY HELD?

**ANTICIPATED INHERITANCE:**

DO YOU ANTICIPATE RECEIVING ANY INHERITANCE DURING YOUR LIFE? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES APPROXIMATELY WHAT AMOUNT? \_\_\_\_\_ FROM WHO?

THE FOLLOWING ESTATE INVENTORY IS NECESSARY FOR TAX AND PROBATE PLANNING. PLEASE USE APPROXIMATE FAIR MARKET VALUES and list ALL ASSETS:

ESTATE INVENTORY SUMMARY

	IN MY NAME	IN SPOUSE'S NAME	IN JOINT NAMES
FAMILY HOME	\$ _____	\$ _____	\$ _____ (Homestead)
OTHER REAL ESTATE	_____	_____	
AMOUNTS DUE FROM OTHERS	_____	_____	_____
CHECKING	_____	_____	_____
CD'S/MONEY MARKET/ SAVINGS	_____	_____	_____
STOCKS/BONDS	_____	_____	_____
IRA/401K/ PENSION/PROFIT SHARING PLAN	_____	_____	_____
LIFE INSURANCE (ALL POLICIES, FACE VALUE)	_____	_____	_____
ANNUITIES (death benefits)	_____	_____	_____
BUSINESS VALUE*	_____	_____	_____
OTHER ASSETS (INCLUDING PERSONAL PROPERTY, i.e., furniture cars, boats, jewelry)	_____	_____	_____
TOTAL ASSETS	=====	=====	=====
 TOTAL LIABILITIES	 _____	 _____	 _____
NET WORTH	_____	_____	_____
	_____	_____	_____

(\*) INDICATE TYPE:  
 \_\_\_ CORPORATION  
 \_\_\_ PARTNERSHIP  
 \_\_\_ SOLE PROPRIETORSHIP