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PRIVILEGED—ATTORNEY WORK PRODUCT

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR THE “FREE INITIAL CONSULTATION.”

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

DATE: _____

NAME: _____

OCCUPATION: _____

U.S. CITIZEN (circle one): YES NO

AGE: _____

Last four of S.S. NO.: XXX-XX-_____

SPOUSE: _____

OCCUPATION: _____

U.S. CITIZEN (circle one): YES NO

AGE: _____

Last four of S.S. NO.: XXX-XX-_____

ADDRESS: _____

PHONE: (home) _____ (work) _____ (cell) _____

E-MAIL: _____

QUESTIONS:

1. FLORIDA RESIDENT? (circle one): YES NO
2. DATE OF MARRIAGE: _____
3. PREMARITAL AGREEMENT? (circle one): YES NO
4. WERE YOU OR YOUR SPOUSE MARRIED BEFORE (circle one)? YES NO
5. DO YOU PRESENTLY HAVE A WILL? (circle one): YES NO
6. DO YOU PRESENTLY HAVE A TRUST? (circle one): YES NO
 - IF YES, PLEASE BRING THE ORIGINAL OR A TRUE COPY OF THE DOCUMENT(S) AT THE TIME OF YOUR APPOINTMENT.
7. HAVE YOU CREATED ANY TRUSTS, OR GIVEN PROPERTY TO BE HELD IN TRUST FOR YOU OR (“ITF”) ANOTHER OR “POD” PAY ON DEATH? YES NO

BENEFICIARY INFORMATION:

PLEASE LIST BENEFICIARIES, INCLUDING ALL CHILDREN:

RELATIONSHIP	NAME	CITY/STATE	ADULT/MINOR	MARRIED (Yes or No)
<i>EXAMPLE: child</i>	John Doe	Melbourne, FL	minor	no

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

REPRESENTATIVES:

WHO WOULD YOU LIKE TO SERVE AS THE PERSONAL REPRESENTATIVE OF YOUR ESTATE?

(i.e. handle your administrative affairs, formerly known as "Executor/Executrix")

1. _____
2. _____

IF YOU HAVE ANY MINOR CHILDREN, WHO WOULD YOU LIKE TO BE THEIR GUARDIAN AT YOUR DEATH?

1. _____
2. _____

WHO SHOULD MANAGE YOUR ASSETS IF YOU SHOULD BECOME INCAPACITATED OR DECEASED?

FIRST: _____

SECOND: _____

THIRD: _____

DISTRIBUTION OBJECTIVES:

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

LOCATION OF ASSETS:

DO YOU HAVE ANY ASSETS LOCATED OUTSIDE THE STATE OF FLORIDA? (circle one): YES NO

- IF YES, WHAT AND WHERE:

1. _____
2. _____
3. _____

ANTICIPATED INHERITANCE:

DO YOU ANTICIPATE RECEIVING ANY INHERITANCE DURING YOUR LIFE? (circle one): YES NO

- IF YES, APPROXIMATE AMOUNT? _____

ESTATE INVENTORY "SUMMARY": LIST WHO OWNS AND APPROXIMATE MARKET VALUE TODAY.

	IN MY NAME	IN MY SPOUSE'S NAME	IN JOINT NAMES
RESIDENCE IN FL		\$	\$
ADDITIONAL REAL ESTATE	\$	\$	\$
AMOUNTS DUE FROM OTHERS	\$	\$	\$
CHECKING/ CDs/ MONEY MARKET/ SAVINGS	\$	\$	\$
STOCKS / BONDS	\$	\$	\$
IRA / 401K / PENSION / PROFIT SHARING PLAN	\$	\$	\$
LIFE INSURANCE (all policies, face value)	\$	\$	\$
ANNUITIES (death benefits)	\$	\$	\$
BUSINESS VALUE	\$	\$	\$
ADDITIONAL ASSETS (i.e. personal property, furniture, cars, boats, jewelry, etc...)	\$	\$	\$
TOTALS			