

**ESTATE PLANNING QUESTIONNAIRE**

**PERSONAL INFORMATION**

Partner #1

|                                     |                              |
|-------------------------------------|------------------------------|
| Name                                |                              |
| Mailing Address:                    |                              |
| Home Phone<br>(    )       -        | Cell Phone<br>(    )       - |
| Social Security Number<br>-       - |                              |
| Marital Status                      | U.S Citizen?                 |

Partner #2

|                                     |                              |
|-------------------------------------|------------------------------|
| Name                                |                              |
| Mailing Address:                    |                              |
| Home Phone<br>(    )       -        | Cell Phone<br>(    )       - |
| Social Security Number<br>-       - |                              |
| Marital Status                      | U.S Citizen?                 |

|               |                                 |  |              |  |
|---------------|---------------------------------|--|--------------|--|
| Year Married? | Pre-or Post- Nuptial Agreement? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Obtain Copy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------|---------------------------------|--|--------------|--|

|   |
|---|
| If married, did you acquire property in other states?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Where?<br><br><hr/> Do you own any real property outside of Florida?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Where? |
|---|

|   |
|---|
| If married, did you acquire property in other states?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Where?<br><br><hr/> Do you own any real property outside of Florida?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Where? |
|---|

|  |
|--|
| Date of Birth                    /       / |
| Location of Family Records                 |

|  |
|--|
| Date of Birth                    /       / |
| Location of Family Records                 |

|                    |
|--------------------|
| Financial Advisors |
| Address            |
| Phone              |

|                      |
|----------------------|
| Life Insurance Agent |
|                      |
|                      |

|            |
|------------|
| Accountant |
| Address    |
| Phone      |

|                  |
|------------------|
| Family Physician |
| Address          |
| Phone            |

# TAMPA BAY ELDER LAW

WILLS • TRUSTS • PROBATE • GUARDIANSHIP

## FAMILY HISTORY

| Children | Name of Child | Date of Birth | Who's Child?<br>H /W /Both | Married? | No. of Children |  |
|----------|---------------|---------------|----------------------------|----------|-----------------|--|
|          |               |               |                            |          |                 |  |
|          |               |               |                            |          |                 |  |
|          |               |               |                            |          |                 |  |
|          |               |               |                            |          |                 |  |
|          |               |               |                            |          |                 |  |

|  |   |
|--|---|
| Are there any deceased children?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, are there any grandchildren you would like to remember in your estate plan? |
|--|---|

|   |   |
|---|---|
| Prior Marriages?  | Legal dependents who are not your children? |
| If there are any serious disabilities or incapacities for any family member, please list them below. For instance, will any children need special care, or will any older relative need care if you pass on before that person? |   |

## FINANCIAL STATUS

Please provide your best estimate of the current market value of the listed items. These figures help to assess your position and to plan for cost effective disposition of your assets through your estate plan.

### Approximate Net Worth

|                |                    | Partner #1 | Partner #2 | Both |
|----------------|--------------------|------------|------------|------|
| Income Sources | Salaries           |            |            |      |
|                | Other Compensation |            |            |      |
|                | Dividends          |            |            |      |
|                | Interest           |            |            |      |
|                | Rents, Royalties   |            |            |      |
|                | Business Profits   |            |            |      |
|                | Trust Income       |            |            |      |
|                | Other Income       |            |            |      |

|                  |  |  |
|------------------|--|--|
| Total Net Income |  |  |
|------------------|--|--|

# TAMPA BAY ELDER LAW

WILLS • TRUSTS • PROBATE • GUARDIANSHIP

## ASSETS AND LIABILITIES

|                            | Partner #1 | Partner #2 | Ownership Status<br>(Joint or Individual) |
|----------------------------|------------|------------|---|
| Cash and Bank Accounts     |            |            |   |
| Notes, Accounts Receivable |            |            |   |
| Closely held business      |            |            |   |
| Homestead Property         |            |            |   |
| Other Real Property        |            |            |   |
| Employee Benefits          |            |            |   |
| Stock Options              |            |            |   |
| Other                      |            |            |   |

## RETIREMENT BENEFITS

|                            | Partner #1 | Partner #2 |
|----------------------------|------------|------------|
| Employer Plans (401K, SEP) |            |            |
| Primary Beneficiary        |            |            |
| Contingent Beneficiary     |            |            |
| IRA's                      |            |            |
| Primary Beneficiary        |            |            |
| Contingent Beneficiary     |            |            |

## LIFE INSURANCE

|                          | Partner #1 | Partner #2 |
|--------------------------|------------|------------|
| Policies                 |            |            |
| Total Face Amount        |            |            |
| Policy Owner             |            |            |
| Loans Against Policies   |            |            |
| Primary Beneficiaries    |            |            |
| Contingent Beneficiaries |            |            |

# TAMPA BAY ELDER LAW

WILLS • TRUSTS • PROBATE • GUARDIANSHIP

## BUSINESS INTERESTS

Please describe your business interests as accurately as possible.

|   |   |
|---|---|
| Business Name   |   |
| Form of Ownership (Sole proprietorship/partnership/corporation)   |   |
| Ownership Percentage  | Estimated value of your share of the business   |
| Is there a buy/sell agreement between the owners?      Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, is there an insurance program to facilitate transfer upon the death of one of the owners?      Yes <input type="checkbox"/> No <input type="checkbox"/> |

## TRUST

Please list any trust in which you have an interest

|  |  |
|--|--|
|  |  |
|--|--|

## EXPECTED INHERITANCES

Please list any inheritances in the future

|  |  |
|--|--|
|  |  |
|--|--|

## PRIOR GIFTS

Please list any gifts you have already made (over \$10,000.00)

| Name | Amount | Date |
|------|--------|------|
|      |        |      |
|      |        |      |
|      |        |      |

## ESTATE PLANNING GOALS

Please summarize your estate planning goals (i.e., provide for surviving spouse, leave an estate for children, transfer of business to participating relative, care of other dependent, etc.)

|  |
|--|
|  |
|--|

# TAMPA BAY ELDER LAW

WILLS • TRUSTS • PROBATE • GUARDIANSHIP

**ARE YOU INTERESTED IN TRANSFERRING YOUR ESTATE THROUGH A LIVING TRUST?** Yes  No

|                               |             |
|-------------------------------|-------------|
| Mortgage Company              | File Number |
| Homeowner's Insurance Company | File Number |

## PROVISIONS FOR YOUR CHILDREN

Please name a guardian to care for your minor children.

|         |         |           |         |
|---------|---------|-----------|---------|
| Primary | Name    | Alternate | Name    |
|         | Address |           | Address |
|         |         |           |         |
|         | Phone   |           | Phone   |

Name two people who could temporarily care for your children if the guardians could not be immediately reached in an emergency.

|  |         |  |         |
|--|---------|--|---------|
|  | Name    |  | Name    |
|  | Address |  | Address |
|  |         |  |         |
|  | Phone   |  | Phone   |

Please outline any special directions you want to leave for the guardian of the children.

|  |
|--|
|  |
|--|

Please name a trustee to care for the estate of your children. ( This person will handle the money, as opposed to having custody of the children).

|         |         |           |         |
|---------|---------|-----------|---------|
| Primary | Name    | Alternate | Name    |
|         | Address |           | Address |
|         |         |           |         |
|         | Phone   |           | Phone   |

# TAMPA BAY ELDER LAW

WILLS • TRUSTS • PROBATE • GUARDIANSHIP

## HEALTH CARE DIRECTIVES TO PHYSICIANS

|  |
|--|
| In the event of persistent vegetative state, end state condition or terminal condition do you want life sustaining procedures withdrawn? |
| If yes, does this include the withdrawal of nutrition, hydration, or both?   |
| Women clients: in those circumstances, do you choose the same answers if it were discovered that you were pregnant?                      |
| Please name your preferences, if any, in instructing your personal representative about final services.                                  |

|                                     | Partner #1 | Partner #2 |
|-------------------------------------|------------|------------|
| Do you choose to be an organ donor? |            |            |

## POWER OF ATTORNEY

Please name the person you would want to act on your behalf if you were not able to act for yourself. Name one person for the financial and legal aspects, and one for your health care decisions. (If married, we suggest that the same person be named for the couple. Health care decisions should be made by close family members, if possible).

|                               | Partner #1 | Partner #2 |
|-------------------------------|------------|------------|
| Health Care Power of Attorney |            |            |
| General Power of Attorney     |            |            |

Is there anything else you would like us to know, which has not been covered in this questionnaire?

Your signature below confirms the engagement of Tampa Bay Elder Law as legal counsel for you in the preparation of the following estate planning documents:

- \_\_\_\_\_ Revocable Trust Agreement(s)
- \_\_\_\_\_ Last Will(s) and Testament
- \_\_\_\_\_ Durable Power(s) of Attorney
- \_\_\_\_\_ Designation(s) of Health Care Surrogate
- \_\_\_\_\_ Living Will(s)
- \_\_\_\_\_ Deed
- \_\_\_\_\_ Irrevocable Gifting/Insurance Trust
- \_\_\_\_\_ Charitable Remainder Trust
- \_\_\_\_\_ Grantor Retained Annuity Trust
- \_\_\_\_\_ Formation of Corporation/LLC
- \_\_\_\_\_ Family Limited Partnership Agreement and related work
- \_\_\_\_\_ Other: \_\_\_\_\_

**TAMPA BAY ELDER LAW**  
WILLS • TRUSTS • PROBATE • GUARDIANSHIP

Our engagement as legal counsel for you is terminable at will by either you or us. The fee referenced below includes any meetings or telephone conferences, the drafting of your documents and related correspondence, and written instructions regarding the funding of your trust(s). The fee also includes all costs incurred in the engagement, excluding actual out-of-pocket expenses.

In consideration for the legal services we render to you, one-half (1/2) of the fee is due upon the signing of this agreement and the balance of the fee is due at the earlier of (i) sixty days after our office sends out initial drafts of your documents, or (ii) at the time the documents are executed.

**FOR MARRIED COUPLES:** You have asked us to prepare both of your estate planning documents. Because we will be representing both of you such that each of you is considered our client, the Florida Bar imposes certain ethical restrictions concerning joint representation which are described in the following paragraphs.

We will not disclose any information concerning either of you to third parties without your consent. Our duty to keep your information confidential also precludes us from disclosing any information which one of you may ask us to keep confidential. If either of you asks us to keep anything confidential from the other, which information we believe does or could adversely affect the other in any manner, or which does or could present a conflict between the two of you, we will withdraw from representing both of you. In that regard, we will not give any legal advice to either of you or make any changes in any of your estate planning documents which may adversely affect the other without your mutual knowledge and consent.

If the two of you have a difference of opinion concerning the proposed plan for the disposition of your property, we are able to point out the pros and cons of such differing opinions. However, we cannot advocate one of your positions over the other. Furthermore, we would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests as to other legal issues between you. If actual conflicts do arise between you of such a nature that in our judgment it is impossible for us to perform our ethical obligations to both of you, it would become necessary for us to cease acting as your joint attorney.

It is further understood that this agreement does not cover any fees for professional services for services other than those listed above and, if additional services are needed, will be billed for separately.

In reference to Attorney's Fees and Costs, in any controversy or litigation arising out of this agreement, the prevailing party in such litigation shall be entitled to recover reasonable attorney's fees and costs.

- 1. Fee: \$ \_\_\_\_\_ Retainer:\$ \_\_\_\_\_ Costs: \$ \_\_\_\_\_
- 2. Documents to be ready by: \_\_\_\_\_

If you agree to the terms of our agreement, please sign below where indicated.

ACCEPTED BY: CLIENT \_\_\_\_\_ CLIENT \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTORNEY \_\_\_\_\_

**RELEASE OF LEGAL DOCUMENTS**

I hereby authorize Tampa Bay Elder Law, to release copies of my documents to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hold Tampa Bay Elder Law harmless for the release of documents to the above named persons.

ACCEPTED BY: CLIENT \_\_\_\_\_ CLIENT \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_