



## ESTATE PLANNING QUESTIONNAIRE- Individual

Today's date: \_\_\_\_\_

Whom may we thank for your referral to our office? \_\_\_\_\_

Do you have an old will?  Yes  No (If yes, please bring a copy with you.)

### *PERSONAL INFORMATION*

1. Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
(include zip code): \_\_\_\_\_

3. Place of employment: \_\_\_\_\_

4. Address: \_\_\_\_\_  
\_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Telephone numbers where we can reach you:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

8. County in which you reside: \_\_\_\_\_

9. Are you a resident of Florida?

Yes  No - If YES, since (year) \_\_\_\_\_



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10. Name as you wish it to appear on your will: \_\_\_\_\_
11. Retired?     Yes    No
12. Marital Status:     Single     Divorced  
                                  Separated     Widowed
13. Date/Place of Birth: \_\_\_\_\_
14. Parent's names: \_\_\_\_\_
15. Children or next of kin: Please list all children, and if none or if you do not wish to name children as beneficiaries, then list all persons whom you may wish to name as Beneficiaries of your estate.
- A. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of birth (children only): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- B. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of birth (children only): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date of birth (children only): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_



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D. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth (children only): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of birth (children only): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

16. If you have minor children who do you want to name as a Guardian for them?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

If the above named cannot serve for any reason, who would be your next choice?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_



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17. If you have minor children, who do you want to name as Trustee of any assets left to them?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

If the above named cannot serve for any reason, who would be your next choice?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

18. At what age do you want your children to receive those assets outright as opposed to being left in trust? (Example: 18, 21, 30, upon the completion of college or age 30 whichever occurs first, etc.).

\_\_\_\_\_

19. Are any of your children adopted?       Yes     No

20. Your CPA (if any):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

21. Your stock broker/financial advisor (if any):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



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22. Your desired funeral arrangements:

A. Do you have any present arrangements?  Yes  No

B. Do you have a pre-paid funeral plan?  Yes  No

C. Preferred funeral home (if any):

Name: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

D. Do you desire cremation?  Yes  No

***GOALS AND OBJECTIVES***

1. Personal Representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

In the event that your first Personal Representative is unable or unwilling to act who do you want to name as your contingent Personal Representative

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_



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2. Do you have certain personal items, property, gifts, etc. that you would like to leave to specific people?

If so, please list here:

A. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

B. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

C. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

D. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

E. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

F. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

G. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

H. I give: \_\_\_\_\_  
To: \_\_\_\_\_  
Address: \_\_\_\_\_

\*Write additional items on a separate piece of paper and attach to the end of this questionnaire\*



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3. To whom do you wish to receive the balance of your estate (if there is more than one beneficiary, please list the portions you are leaving them in fractions or percentages):

Name: \_\_\_\_\_ Fraction or Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Fraction or Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Fraction or Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Fraction or Percentage: \_\_\_\_\_

4. Do any of your beneficiaries have any special needs (e.g. have not completed their education, are minors, have health problems, etc.)?  Yes  No

If yes, list here: \_\_\_\_\_

5. Do you want a Living Will (A document indicating that you do not want unnecessary life support systems to sustain your life should you have an incurable or irreversible condition that would otherwise cause death in a short period of time.)

YES

NO

Who do you want to list as your surrogate to enforce the Living Will?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

In the event that your first surrogate is unable or unwilling to enforce the Living Will who do you want to name as a contingent surrogate?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_



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6. Durable Power of Attorney (A document that will become or remain effective should a person later become disabled.)

Who do you want to list as your Power of Attorney?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

In the event that your first surrogate is unable or unwilling to act as your Attorney-in-Fact who do you want to name as your contingent Attorney-in-Fact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

7. Health Care Surrogate (A document naming a surrogate to speak on your behalf regarding medical treatment or procedures if you are unable to do so yourself).

Who do you want to list as your Health Care Surrogate?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

