



ESTATE PLANNING QUESTIONNAIRE- Married Couples

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. Husband name: _____

2. Wife name: _____

3. Home Address: _____
(include zip code)

4. Place of employment- Husband: _____

5. Address: _____

6. Place of employment- Wife _____

7. Address: _____

8. Occupations

Husband: _____

Wife: _____

9. Email Addresses

Husband: _____

Wife: _____



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10. Telephone numbers where we can reach you:

Home: _____

Cell:

Husband: _____

Wife: _____

Fax: _____

11. County in which you reside: _____

12. Are you a resident of Florida?

Husband: Yes No If yes, since (year) _____

Wife: Yes No If yes, since (year) _____

13. Names as you wish it (them) to appear on your wills:

Husband: _____ Wife: _____

14. Retired? Husband: Yes No

Wife: Yes No

15. Marital Status: Engaged Domestic Partnership
 Married Separated

16. Date/Place of Birth:

Husband: _____

Wife: _____

17. Parent's names:

Husband: _____

Wife: _____



18. 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: _____

D. Name: _____

Relationship: _____

Date of birth (children only): _____

Address: _____

E. Name: _____

Relationship: _____

Date of birth (children only): _____

Address: _____



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19. 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: _____

20. 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: _____



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21. 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.).

22. Are any of your children adopted? Yes No

23. Your CPA (if any):

Name: _____

Address: _____

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

Name: _____

Address: _____

25. 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? Husband: Yes No

Wife: Yes No



GOALS AND OBJECTIVES

1. Do you want to name your spouse as your Personal Representative?

Husband: YES NO
Wife: YES NO

If YES please skip below to contingent Personal Representative.
If NO who do you want to list as your Personal Representative?

Husband's Personal Representative:

Name: _____
Relationship: _____
Address: _____

Phone number: _____

Wife's 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

Husband's contingent Personal Representative:

Name: _____
Relationship: _____
Address: _____

Phone number: _____



Wife's contingent Personal Representative:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

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: _____

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):

Husband: Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Wife: Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

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.)

Husband: YES NO

Wife YES NO

If YES, do you want to name your spouse as a surrogate to enforce the Living Will?

Husband: YES NO

Wife YES NO

If YES please skip below to contingent surrogate designations.

If NO who do you want to list as your surrogate to enforce the Living Will?



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Husband's surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's surrogate:

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?

Husband's contingent surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's 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.) Do you want to name your spouse as your Power of Attorney?

Husband: YES NO
Wife YES NO

If YES please skip below to contingent surrogate designations.

If NO who do you want to list as your Power of Attorney?

Husband's Power of Attorney:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's 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?

Husband's contingent surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



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Wife's contingent surrogate:

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). Do you want to name your spouse as your Health Care Surrogate?

Husband: YES NO

Wife YES NO

If YES please skip below to contingent surrogate designations.

If NO who do you want to list as your Health Care Surrogate?

Husband's surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____



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In the event that your first surrogate is unable or unwilling to act as your Health Care Surrogate who do you want to name as a contingent surrogate?

Husband's contingent surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Wife's contingent surrogate:

Name: _____

Relationship: _____

Address: _____

Phone number: _____

Additional Information or Notes: _____
