



ESTATE PLANNING QUESTIONNAIRE

BASIC INFORMATION FOR THE SETTLOR(S) / TRUSTEE(S)

The Settlor is the person (or persons) who establish(es) and create(s) the trust by defining its terms and providing the assets that make up the trust estate. In most cases, the Settlor(s) also serve as the initial trustee(s) of the trust agreement. As trustee(s), they can remain in *full control* of the assets and have full authority to use the property in the trust in any way they see fit.

SETTLOR / TRUSTEE INFORMATION:

Male Female

Full Name

Address

City State Zip County

Home Phone Work Phone

Cell Phone Fax Number

Social Security # Age

Date of Birth Place of Birth

Are you a U.S. citizen? Yes No

SPOUSE INFORMATION: (if applicable)

Male Female

Full Name

Address

City State Zip County

Home Phone Work Phone

Cell Phone Fax Number

Social Security # Age

Date of Birth Place of Birth

Are you a U.S. citizen? Yes No

Date Married ____/____/____

Do you have a Prenuptial Agreement? Yes No

Do you maintain separate property? Yes No

Do you own property with someone other than spouse? Yes No If yes, explain:

SUCCESSOR TRUSTEES FOR SETTLORS/TRUSTEES

The Successor Trustee (or Trustees) is the person (or persons) you wish to handle the Trust Estate upon your disability, resignation or death. Generally, this should be your spouse or someone who is familiar with your estate, family and goals.

If First Elected Successor Trustee will be your spouse, check here , then go to 2nd Choice.

FIRST Choice for Successor Trustee

Relationship

Address

City

State

Zip Code

County

SECOND Choice for Successor Trustee

Relationship

Address

City

State

Zip Code

County

THIRD Choice for Successor Trustee

Relationship

Address

City

State

Zip Code

County

LAST WILL AND TESTAMENT QUESTIONNAIRE

EXECUTOR/EXECUTRIX

Normally this is your spouse. If this is your first selection, check here , then go to 2nd Choice.

FIRST Choice for Executor/Executrix Relationship

Address

City State Zip Code County

SECOND Choice for Executor/Executrix Relationship

Address

City State Zip Code County

THIRD Choice for Executor/Executrix Relationship

Address

City State Zip Code County

SPECIFIC FUNERAL ARRANGEMENTS

Please indicate any specific funeral arrangements to be included in the will: _____

DURABLE POWER OF ATTORNEY – PROPERTY

The person(s) named in this section will have the authority to handle all of your personal and business affairs should you become mentally or physically incapacitated. The document is designed to become effective upon your disability, or voluntary activation of it. You should consider their proximity to you, business skills, knowledge of your risk tolerance and estate planning goals.

Normally this is your spouse. If this is your first selection, check here , then go to 2nd Choice.

FIRST Choice for Power of Attorney

Relationship

Address

City

State

Zip Code

County

SECOND Choice for Power of Attorney

Relationship

Address

City

State

Zip Code

County

Do You Own Property in Florida?

Yes

No

DURABLE POWER OF ATTORNEY – HEALTH CARE

The person(s) named in this section will have the authority to handle all of your health care decisions should you become mentally or physically incapacitated. These decisions might include what doctor or hospital to use and whether or not to allow surgery if needed. The document is designed to become effective *only* upon your disability and will *always* be subject to your express wishes.

Normally this is your spouse. If this is your First Choice, Check Here .

FIRST Choice for Power of Attorney

Relationship

Address

City

State

Zip Code

County

SECOND Choice for Power of Attorney

Relationship

Address

City

State

Zip Code

County

*You will also receive a
LIVING WILL (DECLARATION),
which will act as a directive if your health care agent
is unable to fulfill his/her duties and a
HIPAA PATIENT AUTHORIZATION
which will act as a directive to any health care
provider or insurance company to release
your records to your authorized agent.*

GENERAL INFORMATION

NAMES OF ALL YOUR CHILDREN - LIVING OR DECEASED [Indicate “(L)” or “(D)”]

<u>Name of Child</u>	<u>Gender</u>	<u>Birth Date</u>	<u>From Current or Prior Marriage</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of your children disabled? Yes No

If yes, please name: _____

NAMES OF YOUR GRANDCHILDREN - LIVING OR DECEASED [Indicate “(L)” or “(D)”]

<u>Name of Child</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Child of</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of your grandchildren disabled? Yes No

If yes, please name: _____

DIVISION OF PROPERTY

Please specify how you want your estate to be distributed.

SPECIFIC GIFTS OR ASSETS TO A SPECIFICALLY NAMED BENEFICIARY

Please identify any specific gifts of cash, stocks, bonds, or cash equivalents or real property that you wish to make a specific beneficiary. *(Use separate page if necessary).*

Beneficiary's Name & Address

Relationship

Description of Bequest

<u>Beneficiary's Name & Address</u>	<u>Relationship</u>	<u>Description of Bequest</u>
<hr/>	<hr/>	<hr/>
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ALTERNATE BENEFICIARIES

In this Section, you identify the person or persons who would receive a beneficiary's share of the Trust Estate if that person fails to survive this distribution.

_____ The deceased person's children in equal shares – called "*Per Stirpes*"

_____ The surviving other named beneficiaries in equal shares

_____ Other – Please describe: _____

GENERAL INFORMATION (cont'd.)

GUARDIANSHIP FOR MINORS

A Guardian or Guardians shall be appointed for minor children (to age 18). This person(s) shall be appointed Guardian of the Estate and Guardian of the Person (*usually the same person*).

Guardian for the Person

Relationship

Address

Guardian for the Estate

Relationship

Address

Do any children have disabilities? Yes No

If yes, Name: _____ Government Subsidy: _____

SPECIAL DISTRIBUTIONS OF ASSETS

Please set forth any special distribution plans you may have for the distribution of a beneficiary's share of the Trust Estate. For example, you might provide that the beneficiary receive 1/2 of the Estate at age 21 and the balance at age 30.

<u>Beneficiary</u>	<u>Relationship</u>	<u>Brief Description of Your Desires Regarding Distribution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMAINDER BENEFICIARIES AFTER ALL OTHER PRIOR DISTRIBUTIONS

Please identify the person or persons who will receive the remainder of your estate after the distribution of all of the above listed specific gifts, alternate beneficiaries and special distributions. You may designate either a specific dollar amount or a percentage of the assets.

<u>Beneficiary</u>	<u>Relationship</u>	<u>Dollar Amount or Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION (cont'd.)

ASSET LIST

	<u>Who Owns</u>	<u>Annual Amount</u>	<u>Estimated Date of Retirement</u>
1. SALARY:	_____	_____	_____

Employer: _____

SALARY (Spouse): _____

Employer: _____

	<u>Who Owns</u>	<u>Approx. Value</u>	<u>Amt. of Mortgage</u>	<u>Percentage Rate</u>
2. REAL ESTATE:	_____	_____	_____	_____

We will need the current
Deed to convey property
into your Trust.

Monthly Payment Amount (s) _____

3. **BANK ACCOUNTS:**
(Name of Institution)

4. **STOCKS/BONDS:**

BROKERAGE ACCTS:

5. LIFE INSURANCE:	<u>Who Owns</u>	<u>Approx. Value</u>	<u>Face Value</u>	<u>Type</u> <small>(i.e. Whole, Term)</small>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. RETIREMENT ASSETS: <small>(IRAs, 401Ks, etc.) (Beginning Date/Year)</small>	<u>Who Owns</u>	<u>Approx. Value</u>	<u>Annual Cont. Amt.</u>	<u>Percentage Rate</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. AUTOMOBILES:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. PERSONAL PROPERTY: <small>(Over \$2,000.00)</small>	<u>Who Owns</u>	<u>Approx. Value</u>	<u>Item</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other lists that should be provided to your family or your executor that can be extremely helpful are:

- **SAFE DEPOSIT BOX INVENTORY:** Takes the mystery out of what is in the box, and therefore removes the pressure of getting into the box to find burial instructions or anything else that may be missing.
- **ASSET LOCATION LIST:** It should communicate not only **WHAT** assets are owned by a decedent, but **WHERE** they are, how much they are worth, and any other pertinent information.
- **PERSONAL PROPERTY DISTRIBUTION LIST:** Can eliminate squabbles over family memorabilia. A note can resolve a lot of questions. *Example: "I have promised my rocking chair to my daughter Suzie, and my shotgun to my brother Bill and instruct my executor to keep my promise."*
- **INVESTMENT RECORDS:** On the purchase price and date of assets can establish values for capital gains tax purposes. This can avoid problems in the event of a tax audit.