

PERSONAL AND CONFIDENTIAL
ESTATE PLANNING INFORMATION

Date _____

Personal Information

- Husband

- Full Name _____
- Date of Birth _____
- Occupation _____
- Citizenship _____
- Address _____
- Phone Number _____
- Email Address _____

- Wife

- Full Name _____
- Date of Birth _____
- Occupation _____
- Citizenship _____
- Address _____
- Phone Number _____
- Email Address _____

- Children (If applicable)

- Name of Child _____
 - Age _____
 - Date of Birth _____
 - Child of Husband/Wife/Both _____
 - Address _____
 - Phone Number _____
 - Occupation _____
 - Married? Spouse's Name _____
- Name of Child _____

- Age _____
- Date of Birth _____
- Child of Husband/Wife/Both _____
- Address _____
- Phone Number _____
- Occupation _____
- Married? Spouse's Name _____
- Name of Child _____
 - Age _____
 - Date of Birth _____
 - Child of Husband/Wife/Both _____
 - Address _____
 - Phone Number _____
 - Occupation _____
 - Married? Spouse's Name _____
- Name of Child _____
 - Age _____
 - Date of Birth _____
 - Child of Husband/Wife/Both _____
 - Address _____
 - Phone Number _____
 - Occupation _____
 - Married? Spouse's Name _____
- Do you have any children who have predeceased you? Yes ___ No ___
 - If applicable, please list child's name _____
- Grandchildren (If applicable) (attach additional sheet if necessary)
 - Name: _____ Age ___ Parent _____
 - Name: _____ Age ___ Parent _____
 - Name: _____ Age ___ Parent _____
 - Name: _____ Age ___ Parent _____

Asset Information

Attach additional pages if necessary

- Real Estate

- Florida Residence
 - Ownership: Husband____ Wife____ Joint____
 - Estimated value_____
 - Approximate loan amount, if any_____
- Other Real Estate
 - Location_____
 - Ownership: Husband____ Wife____ Joint____
 - Estimated value_____
 - Approximate loan amount, if any_____
- Retirement Accounts (IRA, 401k, et cetera)
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____
 - Beneficiary Designation_____
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____
 - Beneficiary Designation_____
- Non-Retirement Investment Accounts
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
 - Institution_____ Value_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
- Bank Accounts/Certificates of Deposit
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
 - Institution_____ Value \$_____

- Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
- Business Interests
 - Briefly describe_____
 - Ownership: Husband____ Wife____ Joint____
 - Approximate Value_____
- Life Insurance
 - Institution_____ Death Benefit \$_____
 - Insured: Ownership: Husband____ Wife____ 2nd to Die____
 - Beneficiary Designation_____
 - Institution_____ Death Benefit \$_____
 - Insured: Ownership: Husband____ Wife____ 2nd to Die____
 - Beneficiary Designation_____
- Annuities
 - Institution_____ Value \$_____
 - Ownership: Husband____ Wife____ Joint____
 - Beneficiary Designation_____
- Safe Deposit Box
 - Institution/City_____
 - Ownership: Husband____ Wife____ Joint____
 - Additional Names on Box_____
- Significant Collections (i.e. value in excess of \$10,000)?_____
- Are either of you currently a beneficiary of another trust or estate? Yes ___ No ___
 - If so, please describe on a separate sheet.
- Other Assets (e.g. promissory notes owed to you)_____
- Briefly describe any significant liabilities you owe other than mortgages
 - _____
- **ESTIMATED NET VALUE OF YOUR ESTATE (ASSETS MINUS LIABILITIES) \$_____**

Initial Estate Planning Preferences

Each of these topics will be discussed at your initial meeting

- Are you interested in discussing the use of a trust to avoid probate? Yes ___ No ___
- Executor or Trustee of Your Estate
 - Primary_____

- First Alternate _____
- Second Alternate _____
- Durable Power of Attorney (Financial decisions in the event of your incapacity)
 - Primary _____
 - First Alternate _____
 - Second Alternate _____
- Healthcare Surrogate (Medical decisions in the event of your incapacity)
 - Primary _____
 - First Alternate _____
 - Second Alternate _____
- Disposition of Your Remains (i.e. cremation, traditional burial, leave to executor's discretion)
 - Husband _____
 - Wife _____
- Tangible Personal Property and Contents of Your Home
 - _____
- Specific Cash Bequests to Individuals or Charitable Organizations
 - Name _____ Amount _____
 - Name _____ Amount _____
- Beneficiaries of Your Estate (Attach additional pages if necessary)
 - Name _____ Percentage _____ %
 - Outright or in Trust _____
 - Where would share go if this person is not living? _____
 - Name _____ Percentage _____ %
 - Outright or in Trust _____
 - Where would share go if this person is not living? _____
 - Name _____ Percentage _____ %
 - Outright or in Trust _____
 - Where would share go if this person is not living? _____
 - Where would share go if this person is not living? _____
 - Name _____ Percentage _____ %
 - Outright or in Trust _____
- Do any of your beneficiaries have special needs or are they receiving government benefits?

- If applicable, please describe _____

General Information

- How did you hear about our firm? _____
- Professional Advisors
 - Financial Advisor _____
 - Accountant _____
 - Other Professional Advisors _____
- Do you have a premarital or post-marital agreement? Yes ___ No ___
 - If applicable, please provide a copy.
- Have either of you previously been married? Yes ___ No ___
 - If applicable, please describe any obligations to former spouse _____
- Are either of you currently a beneficiary of another trust or estate? Yes ___ No ___
 - If applicable, please describe _____
- Have either of you made any substantial gifts? Yes ___ No ___
 - If applicable, please describe _____
 - Was a gift tax return (Form 709)? Yes ___ No ___