

## ESTATE PLANNING QUESTIONNAIRE

Thank you for asking us to assist you with the preparation of your Estate Plan. Please complete this confidential questionnaire to furnish information to be used at your initial conference and in the preparation of your estate planning documents. Being thorough in your answers will reduce the time and expense of preparing your estate plan.

Your Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: [ ] Single [ ] Divorced US Citizen?  Yes  No  
[ ] Married [ ] Widowed Is your Spouse a US Citizen?  Yes  No

Spouse's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Your Work Phone: (\_\_\_\_) \_\_\_\_\_ Your Cell Phone: (\_\_\_\_) \_\_\_\_\_

Spouse's Work Phone: (\_\_\_\_) \_\_\_\_\_ Spouse's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date: \_\_\_\_\_

Have either of you been married previously?  Yes  No

Do either of you have any children from a previous relationship?  Yes  No  
If so, please check the box next to said child(ren)'s name below.

Are any of your children adopted?  Yes  No

Children or Next of Kin: Please list all children, and if NONE, then list all persons whom you may wish to name as Beneficiaries of your estate.

		From a Prior Relationship?
A.	Name: _____	<input type="checkbox"/>
	Relationship: _____ SS # _____	
	Date of birth (children only): _____	
	Address: _____	
	_____	

- |    |  | From a Prior<br>Relationship? |
|----|--|-------------------------------|
| B. | Name: _____<br>Relationship: _____ SS # _____<br>Date of birth (children only): _____<br>Address: _____<br>_____ | <input type="checkbox"/>      |
| C. | Name: _____<br>Relationship: _____ SS # _____<br>Date of birth (children only): _____<br>Address: _____<br>_____ | <input type="checkbox"/>      |
| D. | Name: _____<br>Relationship: _____ SS # _____<br>Date of birth (children only): _____<br>Address: _____<br>_____ | <input type="checkbox"/>      |

*(Continue on a separate page if necessary)*

Your CPA or Accountant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Your Financial Advisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### **LIST OF ASSETS**

1. Please list your bank accounts:

- A. Bank Name: \_\_\_\_\_  
 Location of bank: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Approximate value of account: \_\_\_\_\_
- B. Bank Name: \_\_\_\_\_  
 Location of bank: \_\_\_\_\_  
 Name(s) on account: \_\_\_\_\_  
 Type of account: \_\_\_\_\_  
 Approximate value of account: \_\_\_\_\_

C. Bank Name: \_\_\_\_\_  
Location of bank: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Approximate value of account: \_\_\_\_\_

2. Do you have a safe deposit box?  Yes  No

If yes:

Location: \_\_\_\_\_ Box # \_\_\_\_\_  
Name(s) on box: \_\_\_\_\_

3. Do you own any real estate?  Yes  No

If yes:

A. Type of real estate: [ ] Home [ ] Lot [ ] Other  
If other, please list: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name(s) on deed: \_\_\_\_\_  
Approximate value: \_\_\_\_\_

B. Type of real estate: [ ] Home [ ] Lot [ ] Other  
If other, please list: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name(s) on deed: \_\_\_\_\_  
Approximate value: \_\_\_\_\_

C. Type of real estate: [ ] Home [ ] Lot [ ] Other  
If other, please list: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name(s) on deed: \_\_\_\_\_  
Approximate value: \_\_\_\_\_

4. Do you have any insurance policies:  Yes  No

If yes:

A. Insured: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent beneficiary (if any): \_\_\_\_\_

B. Insured: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent beneficiary (if any): \_\_\_\_\_

5. Do you have any stocks and/or bonds:  Yes  No

If yes:

Company: \_\_\_\_\_

Date & date due: \_\_\_\_\_

Where located: \_\_\_\_\_

Name(s) on certificate(s): \_\_\_\_\_

Approximate value: \_\_\_\_\_

6. Have you made any gifts of over \$12,000.00 per year to one person during one calendar year or for which you have filed gift tax returns?  Yes  No

7. Have you established any trusts?  Yes  No

8. Are you the beneficiary of any trust?  Yes  No

9. Do you have a power of appointment?  Yes  No

10. Do you have any annuities or pensions:  Yes  No

If yes:

A. Name of company: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \$\_\_\_\_\_ Amount of death benefit: \$\_\_\_\_\_

B. Name of company: \_\_\_\_\_

Annuitant: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Current Value: \$\_\_\_\_\_ Amount of death benefit: \$\_\_\_\_\_

11. Do you have any debts which are secured by any assets (e.g., automobile loan, real estate mortgage, etc.)?  Yes  No

If yes:

A. Name of lender: \_\_\_\_\_

What asset is held as security: \_\_\_\_\_

Credit Life Insurance: \_\_\_\_\_

B. Name of lender: \_\_\_\_\_

What asset is held as security: \_\_\_\_\_

Credit Life Insurance: \_\_\_\_\_

C. Name of lender: \_\_\_\_\_

What asset is held as security: \_\_\_\_\_

Credit Life Insurance: \_\_\_\_\_

D. Name of lender: \_\_\_\_\_  
What asset is held as security: \_\_\_\_\_  
Credit Life Insurance: \_\_\_\_\_

12. Automobiles that you own:

A. Year & make: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

B. Year & make: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

C. Year & make: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

D. Year & make: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

13. OTHER ASSETS: (Titled jointly with another person, or otherwise)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own any real estate in another State or Country?  Yes  No

If so, where? \_\_\_\_\_

***Please bring copies of the deeds for all real estate in which you own an interest with you to your appointment.***

**MISCELLANEOUS ITEMS:**

Do either you or your spouse have any legal obligations to be paid from your estate, such as child support or alimony?  Yes  No (If so, please bring copies of papers detailing said obligation).

Do you have a pre-nuptial agreement with your spouse, or ex-spouse?  Yes  No  
(If so, please bring a copy to your appointment)

Have you, or your spouse, ever owned property in a community property state?  
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Alaska or Wisconsin)  Yes  No if so, which state? \_\_\_\_\_

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Describe community property:

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Do you wish to include any funeral or cremation instructions in your will? If so, please describe.

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**BENEFICIARIES:** You may direct that your entire estate will go to one or more persons or organizations. Additionally, you may make specific gifts of specific assets or of a percentage of your estate. If you make specific gifts, you also must designate who will receive all the rest of your assets.

Do you wish to make a **specific** devise of a certain item or items, to a specific person?

Yes  No If so, please describe the person or persons and assets:

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Designate the recipient(s) of **all of your assets** (or estate) and the shares to each, if more than one: (If all to spouse, please state here)

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**ALTERNATE BENEFICIARIES:** Designate the beneficiaries of your assets in the event that any of those designated above not survive you. If any recipient who dies before you do is a blood relative, his or her gift shall go to his or her children in equal shares, **unless** you specify otherwise:

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**PERSONAL REPRESENTATIVE:** (or Executor): The person who will be responsible for carrying out the terms of your will. To be qualified to serve as Personal Representative under

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Florida law, this person must be: **1)** over the age of 18; **2)** have no felony convictions; and **3)** be either a Florida resident; or your spouse; or a person related to you by blood, or their spouse; or your legally adopted child or adoptive parent.

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

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

**ALTERNATE PERSONAL REPRESENTATIVE:** In the event that the Personal Representative cannot serve or declines to serve: (same qualifications as personal representative)

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

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

**GUARDIAN:** The person to be appointed by the Court to be guardian of your minor children should it be necessary (i.e. both natural parents deceased): (same qualifications as personal representative)

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

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

**ALTERNATE GUARDIAN** In the event the guardian cannot serve, or declines to serve: (same qualifications as personal representative)

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

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

**TRUST:** In the event that you desire to leave assets to someone "in trust", please complete the following: A trust may also be created by your will for the management of your estate on behalf of a person or persons who may not be capable of managing property (i.e.: due to age {minors} or maturity).

**TRUSTEE:** The person who will manage and invest trust assets as well as exercising discretion as to disbursements from the trust.

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

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

Successor Trustee Name: \_\_\_\_\_

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

At what age (or at what event) do you want the Trustee to distribute the assets to the beneficiary or beneficiaries free of trust? Age \_\_\_\_\_ or Event: \_\_\_\_\_

Alternate Trust Beneficiary or Beneficiaries: (in the event that your beneficiary or beneficiaries pass away before reaching said age or event)

\_\_\_\_\_  
\_\_\_\_\_

**PLANNING FOR INCAPACITY:**

A) **Durable Power of Attorney (DPOA):** A document by which you may give authority to another person to act on your behalf, and sign documents concerning financial and/or medical matters.

Do **you** wish to have a DPOA prepared?  Yes  No

Does **your spouse**?  Yes  No

Do you wish the DPOAs to grant authority to the person named *effective immediately*? \_\_\_\_  
OR only become effective *if you become incapacitated*? \_\_\_\_ (check one)

Name of person **you** wish to give authority by DPOA: \_\_\_\_\_

Relationship to **you** (if any): \_\_\_\_\_

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

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

Name of Alternate person, **you** wish to give authority by DPOA: \_\_\_\_\_

Relationship to **you** (if any): \_\_\_\_\_

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

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

Name of person **your spouse** wishes to give authority by DPOA: \_\_\_\_\_

Relationship to **your spouse** (if any): \_\_\_\_\_

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

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

Name of Alternate person, **your spouse** wishes to give authority by DPOA: \_\_\_\_\_  
Relationship to **your spouse** (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Do you wish to include authority over your real estate in your DPOAs?  Yes  No

If so, list the addresses for all real estate, and bring in copies of deeds to each:

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B) **Living Will:** A declaration of your intention to have life prolonging procedures withheld or withdrawn should you be diagnosed by two physicians with a "terminal condition", an "end stage condition" or a "persistent vegetative state", with no reasonable medical probability of recovery.

Do **you** wish to have a living will prepared?  Yes  No

Does **your spouse**?  Yes  No

C) **Health Care Surrogate Designation:** A declaration naming someone to act on your behalf concerning medical decisions only in the event that your attending physician determines that you lack the capacity to make such decisions.

Do **you** wish to have a health care surrogate designation prepared?  Yes  No

Does **your spouse**?  Yes  No

Name of person **you** wish designate: \_\_\_\_\_  
Relationship to **you** (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name of the Alternate person **you** wish designate as surrogate: \_\_\_\_\_  
Relationship to **you** (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name of person **your spouse** wishes to designate as surrogate: \_\_\_\_\_  
Relationship to **your spouse** (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name of the Alternate person **your spouse** wishes to designate as surrogate: \_\_\_\_\_  
Relationship to **your spouse** (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

This confidential questionnaire will be used to assist us during your appointment and in the preparation of your estate planning documents. It has **no legal effect** as to the disposition of your assets after your death or incapacity.

If you have any questions, please do not hesitate to call us.

Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Your spouse's signature: \_\_\_\_\_