

# Tampa Bay Elder Law Center

A Private Law Firm

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## ESTATE PLANNING QUESTIONNAIRE

*The information contained in the following questionnaire is essential to aid us in devising an estate plan for you. Please complete the form to the best of your ability. All of the information which you provide will remain a part of your confidential client file.*

Today's Date: \_\_\_\_\_

Name of Individual completing this form: \_\_\_\_\_

Relationship to Client (if not completed by Client): \_\_\_\_\_

Names of other persons attending this meeting: \_\_\_\_\_

\_\_\_\_\_

Who referred you to our firm? \_\_\_\_\_

Have you or anyone in your family been to our firm before? If so, when: \_\_\_\_\_

\_\_\_\_\_

Have you spoken to another attorney about this same matter? If so, who: \_\_\_\_\_

\_\_\_\_\_

Name of person to be billed: \_\_\_\_\_

Preferred Method of Written Communication Mail ( ) E-mail ( ) Fax ( )

**A. PERSONAL DATA:**

**Client's Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_

Email address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Veteran  Yes  No

U.S. citizen:  Yes  No If no, Country of Citizenship: \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Veteran  Yes  No

U.S. citizen:  Yes  No If no, Country of Citizenship: \_\_\_\_\_

Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

If spouse is deceased, date of death: \_\_\_\_\_

**Child's Name #1:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

**Child's Name #2:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

**Child's Name #3:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

**Child's Name #4:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

**B. GENERAL INFORMATION ABOUT THE CLIENTS**

Are you currently: \_\_\_Married \_\_\_Widowed \_\_\_Divorced \_\_\_Single

Number of prior marriages \_\_\_\_\_( ) husband ( ) wife

Date of current marriage \_\_\_\_\_ Is there a prenuptial agreement? ( )yes ( ) no

Do you own your home?\_\_\_\_\_ Is there a mortgage? \_\_\_\_\_

Whose names are listed on the deed to the homestead property? \_\_\_\_\_

Do you have investment/rental property or a vacation home? \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Are all the children of this marriage? ( )Yes ( ) No

Is anyone in the client's family disable? If so, whom: \_\_\_\_\_

Current/Previous Occupation: Wife \_\_\_\_\_

Husband: \_\_\_\_\_

Do you have a Will? ( ) Yes ( ) No If yes, what is the date of the Will? \_\_\_\_\_

Where is the will kept? \_\_\_\_\_

Who is/are the Trustee(s)? \_\_\_\_\_

Are you the beneficiary of the trust agreement(s) created by another? ( ) Yes ( ) No

If yes, who established the trust? \_\_\_\_\_ On what date? \_\_\_\_\_

Please attach a copy of the trust agreement.

Do you have a Health Care Directive/Living Will? ( )Yes ( )No If yes, what is the date?\_\_\_\_\_

Who have you named as your health care decision maker(s)? \_\_\_\_\_

Do you have a Durable Power of Attorney? ( )Yes ( )No If yes, what is the date?\_\_\_\_\_

Who is designated as your Agent(s)? \_\_\_\_\_

**C. DISPOSITIVE INTENTIONS:**

1. Spouse and Children:

(a) Do you wish to provide primarily for your spouse and secondarily for your children? ( ) Yes ( ) No

(b) Do you wish to treat all your children equally? ( ) Yes ( ) No

2. Grandchildren:

(a) Do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? ( ) Yes ( ) No

(b) Do you wish to treat all your grandchildren equally? ( ) Yes ( ) No

(c) If you do not wish to treat all your grandchild equally, why not? \_\_\_\_\_  
\_\_\_\_\_

(d) How much do you want to leave to your grandchildren? \_\_\_\_\_  
\_\_\_\_\_

(e) At what age do you want distributions to your grandchildren? (i.e. a plan  
Might provide "immediate" or "1/3 at age 25, 1/3 at age 30, 1/3 at age 35)  
\_\_\_\_\_

3. Charities: Do you want to leave a specific amount of money or other assets to any charity? ( ) Yes ( ) No

(a) Name of charity: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount: \_\_\_\_\_

4. **Other Beneficiaries:** Do you want your Will to benefit anyone other than children, grandchildren, or a charity? ( ) Yes ( ) No If so, please list the name of beneficiary and relationship:

(a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Amount: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Amount: \_\_\_\_\_

**D. EXECUTOR:** Whom do you wish to serve as your Personal Representative (Executor)? This is the person who pays the creditors, goes to the probate court, and makes sure everyone gets what you wanted them to.

Client: First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

Spouse: First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

**E. TRUSTEE:** Whom do you wish to serve as your Trustee? This person would manage funds and make distributions to a beneficiary over a period of time.

Client: First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

Spouse: First Choice: \_\_\_\_\_  
Second Choice: \_\_\_\_\_

**F. Guardian:** If you have a minor or disabled child or children, whom do you wish to act as Guardian?

Client: First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Spouse: First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**G. DURABLE POWER OF ATTORNEY**

**\*Please use full legal names including middle initials\***

Attorney-in-Fact Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate's Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**H. ADVANCED HEALTH CARE DIRECTIVE**

**\*Please use full legal names including middle initials\***

Health Care Surrogate Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate's Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**I. INCOME INFORMATION**

**INCOME:** Please list **ALL** amounts of **gross** monthly income which apply:

**CLIENT**

**SPOUSE**

Work Earning \_\_\_\_\_

Work Earning \_\_\_\_\_

SS Retirement \_\_\_\_\_

SS Retirement \_\_\_\_\_

SS Disability \_\_\_\_\_

SS Disability \_\_\_\_\_

Veterans benefit \_\_\_\_\_

Veterans benefit \_\_\_\_\_

Private Pension \_\_\_\_\_

Private Pension \_\_\_\_\_

Annuity \_\_\_\_\_

Annuity \_\_\_\_\_

Public Emp. Pension \_\_\_\_\_

Public Emp. Pension \_\_\_\_\_

RR Retirement \_\_\_\_\_

RR Retirement \_\_\_\_\_

Rental Income \_\_\_\_\_

Rental Income \_\_\_\_\_

Interest & Dividends \_\_\_\_\_

Interest & Dividends \_\_\_\_\_

## **J. ASSET INFORMATION**

Do you own your own home? If you, what is the fair market value? \_\_\_\_\_

Is there any life insurance on the client or the spouse? If so, what is the total due upon death and to whom is it payable? \_\_\_\_\_

\_\_\_\_\_  
Estimated Value of all other assets (stocks, bonds, IRA's, mutual funds)

Total Value \_\_\_\_\_

Please list additional pertinent information, if any, you feel may aid the attorney in devising your estate plan.

### **TO HELP YOU PLAN:**

#### **IMPORTANT ISSUES TO DISCUSS WITH YOUR FAMILY AND YOUR ATTORNEY**

1. Do you want to leave property (other than personal items) to specific people?
  
2. Are there any reason why you might not want the disposition of your property to pass through the Probate Court, where it is a public record? For example: if you are "cutting out" some of your heirs or making an unequal distribution that they might not approve or would challenge.

3. Are there any reasons you might want your money held in a trust NOW? For example to avoid demands on you; to discourage certain creditors; to avoid the need for a conservator of your estate or a power of attorney.

4. How important to you is it that your money (or money you leave behind) NOT be used for expenses such as long-term care, for which benefits are available when a person does not have funds to pay for care?

5. Have you thought about, and discussed with your family, what you feel about care such as life support systems (feeding tubes, respirators, etc.) if you are in a persistent coma or terminal and unconscious or unable to communicate: What about whether you would want other normal procedures in that situation, such as antibiotics or other treatments for illness, surgery, etc.? Who should make those decisions if you cannot? Should the same person be responsible for day-to-day care decisions if you are not terminal?

6. Have you thought about how your affairs would be handled if you were incapacitated during your lifetime? Who can you trust to handle financial matters?

7. Is there anyone who depends on you who would need help if you were disabled?

8. Do you have pets, and if so, who would care for them if you were disabled, or after your death? Would someone know to check on them if you were in a hospital?

9. Are there people you care about and want to remember you, but to whom you do not intend to leave any of your property?

10. With respect to your personal effects, furniture, etc. do you have strong feelings about who should get what after your death, or are you content to let those you leave behind solve things among themselves? Are they likely to argue, and have you discussed this with them?

11. Have you made arrangements or discussed your funeral, cremation, or memorial service? Do you have a funeral contract? A burial plot? Are you concerned that family or friends might not agree with this, and that you should choose which person will decide? Should a religious leader or other person be consulted?

12. Are there important memories, information, ideas or beliefs you want to pass on to your children, family or others?