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Special Needs Trusts | Medicaid | Probate | Wills & Trusts | Guardianship | Developmental Disabilities | Veteran's Benefits

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

THIS INFORMATION IS EXTREMELY IMPORTANT. PLEASE PRINT AND BE AS COMPLETE AS POSSIBLE.

Please use the last page to write additional information if necessary.

Date _____

Personal data of the **CLIENT 1 (OR INDIVIDUAL)**:

Name _____

Home address _____

City _____ State _____ Zip _____

Telephone number _____

E-mail address _____

Social Security # Will be requested, if needed _____

Date of birth _____

U.S. citizen: Yes _____ No _____

Resided in Florida since _____

Personal data of the **CLIENT 2 (SPOUSE)**:

Name _____

Home address _____

City _____ State _____ Zip _____

Telephone number _____

E-mail address _____

Social Security # Will be requested, if needed _____

Date of birth _____

U.S. citizen: Yes _____ No _____

Resided in Florida since _____

Date of Marriage _____

FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE

PLEASE PRINT ALL NAMES AS THEY WOULD APPEAR ON LEGAL DOCUMENTS.

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____

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Address: _____ City: _____ State: ____ Zip: _____
Relationship: _____ Telephone Number: _____

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NOTE: THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS FOR USE IN YOUR ESTATE PLANNING ONLY. IT WILL NOT BE USED FOR ADVERTISING OR MARKETING PURPOSES, AND THESE PERSONS WILL NOT, UNDER ANY CIRCUMSTANCES, BE CONTACTED FOR ANY PURPOSE WITHOUT YOUR CONSENT.

INCAPACITY PLANNING DATA

If you were in the hospital and unable to make decisions, with whom should the doctor consult regarding **HEALTH CARE AND LIVING ARRANGEMENTS**? (List in order of priority.)

Client 1 (or Individual):

- 1. _____
- 2. _____
- 3. _____

Client 2 (Spouse):

- 1. _____
- 2. _____
- 3. _____

If you were unable to carry out **FINANCIAL AND BUSINESS DECISIONS**, who would pay the bills and make investment decisions?

Client 1 (or Individual):

- 1. _____
- 2. _____
- 3. _____

Client 2 (Spouse):

- 1. _____
- 2. _____
- 3. _____

WILLS/ PERSONAL REPRESENTATIVES/ TRUSTEES

- 1. Who would be the **FIRST CLIENT'S PERSONAL REPRESENTATIVE** (Executor)?

If the person selected above to be the Personal Representative is unavailable who would be the alternate? _____

- 2. Who would be the **SECOND CLIENT'S PERSONAL REPRESENTATIVE** (Executor)?

If the person selected above to be the Personal Representative is unavailable who would be the alternate? _____

3. Who would be the **SUCCESSOR TRUSTEES** of the **FIRST CLIENT'S OR COUPLE'S** Revocable Living Trust?
- 1) _____
- 2) _____
4. Who would be the **SUCCESSOR TRUSTEES** of the **SECOND CLIENT'S** Revocable Living Trust?
- 1) _____
- 2) _____
5. Are there any **DISABLED CHILDREN OR GRANDCHILDREN**? Yes ___ No ___ If yes, name, date of birth, and what public benefits receiving: _____
- _____
6. Are there any **SPECIAL FINANCIAL OR CARE GIVING RESPONSIBILITIES** for any family members (aging parents, disabled children or grandchildren, or other relatives)? Yes ___ No ___ If so, for whom? _____

INHERITANCE

NAMES of those who **WOULD INHERIT THE ESTATE** of **CLIENT 1**

SHARE of Estate

NAMES of those who **WOULD INHERIT THE ESTATE** of **CLIENT 2**

SHARE of Estate

SUMMARY OF ASSETS

	OWNER	ESTIMATED VALUE
FLORIDA HOMESTEAD REAL PROPERTY	_____	_____
OTHER REAL PROPERTY	_____	_____
PERSONAL EFFECTS (CAR, FURNITURE, JEWELRY, ETC.)	_____	_____
BANK ACCOUNTS (CHECKING, SAVINGS, CDS)	_____	_____
NON-RETIREMENT INVESTMENTS (STOCKS, BROKERAGE)	_____	_____
RETIREMENT ACCOUNTS (IRA, ROTH IRA, 401K)	_____	_____
LIFE INSURANCE	_____	_____
BUSINESS INTERESTS (INC., LLC, ETC.)	_____	_____
MONEY OWED TO YOU	_____	_____
ANTICIPATED INHERITANCE	_____	_____
OTHER ASSETS	_____	_____
<hr/>		
TOTAL ASSETS		_____
TOTAL LIABILITES (MORTGAGES, CREDIT CARDS, LOANS)		_____
NET ESTATE		_____

