

# Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts  
Incapacity Planning | 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 # \_\_\_\_\_

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 # \_\_\_\_\_

Date of birth \_\_\_\_\_

U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Resided in Florida since \_\_\_\_\_

Date of Marriage \_\_\_\_\_

## **FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE**

This should include any person who may be named in any legal document; as a decisionmaker or a beneficiary, etc. Please print all names as they would appear on legal documents.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

**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 **CLIENT 1'S PERSONAL REPRESENTATIVE** (Executor-handle affairs at death)?  
\_\_\_\_\_

If the person selected above is unavailable who would be the alternate?  
\_\_\_\_\_

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

If the person selected above is unavailable who would be the alternate?  
\_\_\_\_\_

3. Who would be the **SUCCESSOR TRUSTEES** of the **CLIENT 1'S OR COUPLE'S** Revocable Living Trust? This person would handle finances in the event of incapacity or death.
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
4. Who would be the **SUCCESSOR TRUSTEES** of the **CLIENT 2'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**

<b>NAMES</b> of those who <b>WOULD INHERIT THE ESTATE</b> of <b>CLIENT 1</b>	<b>SHARE</b> of Estate
_____	_____
_____	_____
_____	_____
_____	_____

<b>NAMES</b> of those who <b>WOULD INHERIT THE ESTATE</b> of <b>CLIENT 2</b>	<b>SHARE</b> of Estate
_____	_____
_____	_____
_____	_____
_____	_____

## SUMMARY OF ASSETS

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

