

# Special Needs Lawyers, PA

901 Chestnut Street, Suite C  
Clearwater, Florida 33756

Phone: (727) 443-7898  
Fax: (727) 631-0970

SpecialNeedsLawyers.com  
Info@specialneedslawyers.com

Travis D. Finchum, Esq.  
Board Certified in Elder Law

Linda R. Chamberlain, Esq.  
Board Certified in Elder Law

Charles F. Robinson, Esq.  
Board Certified in Elder Law

Kole J. Long, Esq.  
Board Certified in Elder Law

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 \_\_\_\_\_

### **A. PERSONAL DATA OF THE CLIENT 1 (OR INDIVIDUAL):**

1. Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
8. Resided in Florida since: \_\_\_\_\_

### **B. PERSONAL DATA OF THE CLIENT 2 (OR SPOUSE):**

1. Name: \_\_\_\_\_
2. Home address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Social Security #: \_\_\_\_\_
6. Date of birth: \_\_\_\_\_
7. U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_
8. Resided in Florida since: \_\_\_\_\_
9. Date of Marriage: \_\_\_\_\_

**C. 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.*

1. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
4. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_
  
5. Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**D. 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 (or spouse):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*If you were unable to carry out **FINANCIAL AND BUSINESS DECISIONS**, who would pay the bills and make investment decisions? (List in order of priority.)*

Client 1 (or individual):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Client 2 (or spouse):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**E. WILLS / PERSONAL REPRESENTATIVES / TRUSTEES:**

1. Who would be CLIENT 1's Personal Representative (*executor, handle affairs at death*)? \_\_\_\_\_

If the person selected above is unable, who would be the alternate?

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

2. Who would be CLIENT 2's Personal Representative (*executor, handle affairs at death*)? \_\_\_\_\_

If the person selected above is unable, who would be the alternate?

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

3. Who would be the Successor Trustees of CLIENT 1 or couple's Revocable Living Trust? (*This person would handle finances in the event of incapacity or death.*) \_\_\_\_\_

If the person selected above is unable, who would be the alternate?

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

4. Are there any disabled children or grandchildren? \_\_\_\_\_  
If yes, please include name, date of birth, and what public benefits they are receiving: \_\_\_\_\_

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

5. Are there any minor children? \_\_\_\_\_  
If yes, please include name(s) of person(s) who you would like to act as guardian for said minor child or children. Please list in order of preference:

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

6. Are there any special financial or care giving responsibilities for any family members (*aging parents, disabled children or grandchildren, or other relatives*)? \_\_\_\_\_

If so, for whom? \_\_\_\_\_

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

**F. INHERITANCE:**

Names of those who would inherit the estate of CLIENT 1:

Share of Estate

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

Names of those who would inherit the estate of CLIENT 2:

Share of Estate

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

**G. SUMMARY OF ASSETS:**

<u>Type of Asset</u>	<u>Owner/Title</u>	<u>Estimated Value</u>
Florida Homestead Real Property		
Other Real Property		
Personal Effects <i>(car, furniture, jewelry, etc.)</i>		
Bank Accounts <i>(checking, savings, CDs)</i>		
Non-Retirement Investments <i>(stocks, brokerage)</i>		
Retirement Accounts <i>(IRA, Roth IRA, 401K)</i>		
Life Insurance		
Business Interests <i>(Inc., LLC, etc.)</i>		
Money owed to you		
Anticipated Inheritance		
Other Assets		

TOTAL ASSETS: \_\_\_\_\_

TOTAL LIABILITES *(Mortgages, Credit cards, Loans)*: \_\_\_\_\_

NET ESTATE: \_\_\_\_\_

**H. DOCUMENTS TO PROVIDE WITH QUESTIONNAIRE** *(copies are sufficient)*

1. Current Will
2. Codicils to Will
3. Trust Agreement
4. Trust Amendments
5. Durable Power of Attorney
6. Health Care Surrogate
7. Living Will
8. Any other estate planning documents
9. Driver's License or other identification for CLIENT 1 and CLIENT 2

**I. ADDITIONAL INFORMATION** *Estate Planning should always be done with your goals and objectives in mind. Please circle the issues that concern you. Feel free to elaborate.*

1. I am concerned about estate and death taxes.
2. I want to avoid or minimize probate and settlement expenses for my family.
3. I am concerned about my privacy.
4. I want to plan for a child or grandchild with special needs.
5. I want to plan for children from a prior marriage.
6. I want to plan for the care of my aging parents or other relatives.
7. I want to plan for the care of one or more pets.
8. I want to leave a gift for a charity.
9. I want to disinherit one or more of my children or other family members.
10. I want to plan for the transfer and survival of a business.

**LIST ANY OTHER IMPORTANT INFORMATION OR WRITE ANY QUESTIONS YOU HAVE, HERE.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---