

Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardian Advocacy | Developmental Disabilities

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 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:

5. 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? _____

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

(Only complete Section F for Special Needs Trust Planning, if necessary; otherwise, skip to Section G.)

F. SPECIAL NEEDS PLANNING / TRUST *(Only complete this section if a Special Needs Trust is needed):*

1. Personal data of Settlor 1: *(person setting up the trust)*

- i. Name: _____
- ii. Home Address: _____
- iii. Telephone number: _____
- iv. E-mail address: _____
- v. Social Security #: _____
- vi. Date of birth: _____
- vii. U.S. citizen: Yes _____ No _____
- viii. Relationship to Beneficiary: _____

2. Personal data of Settlor 2: *(if any)*

- i. Name: _____
- ii. Home Address: _____
- iii. Telephone number: _____
- iv. E-mail address: _____
- v. Social Security #: _____
- vi. Date of birth: _____
- vii. U.S. citizen: Yes _____ No _____
- viii. Relationship to Beneficiary: _____

3. Personal data of the Beneficiary of the Special Needs Trust:

- i. Name: _____
- ii. Home address: _____
- iii. Telephone number: _____
- iv. E-mail address: _____
- v. Social Security #: _____
- vi. Date of birth: _____
- vii. U.S. citizen: Yes _____ No _____
- viii. Name of Beneficiary's Spouse, if applicable: _____
- ix. Diagnosis of Beneficiary: _____
- x. Is the Beneficiary receiving public benefits? If so, please identify: _____

- xi. Has the Beneficiary been determined to be disabled by the Social Security Administration? _____

4. Advanced Directives: Please identify what, if any, Advanced Directives the Beneficiary has executed or if the Beneficiary has a Court Appointed Guardian and who the empowered individuals are, please include names:

- i. Durable Power of Attorney: _____
- ii. Declaration of Health Care Surrogate: _____
- iii. Living Will: _____
- iv. Declaration of Pre-Need Guardian: _____
- v. Guardian Appointed? _____

5. Proposed Trustee(s) and other fiduciaries of the Special Needs Trust:

- i. Name of Initial Trustee(s) (*person in charge*):
 - 1. _____
 - 2. _____
- ii. Name of Successor Trustee(s) (*back-up to Trustee*):
 - 1. _____
 - 2. _____
- iii. Name of Trust Protector, if any, (*person to oversee the Trust or name a future Trustee, if necessary, or be able to make changes to the document, if needed*):
 - 1. _____
 - 2. _____
- iv. Who might serve on a Trust Advisory Committee? (*Committee of interested individuals to assist the Trustee in making decisions about utilization of trust assets – may not need*):
 - 1. _____
 - 2. _____

6. Assets of Special Needs Trust: *Please describe the assets or property places in the Special Needs Trust, including the source, type and approximate value of each asset:*

- i. Asset 1:
 - 1. Description of Asset: _____
 - 2. Source: _____
 - 3. Type of Asset: _____
 - 4. Asset Value \$: _____

- ii. Asset 2: *(if needed)*
 - 1. Description of Asset: _____
 - 2. Source: _____
 - 3. Type of Asset: _____
 - 4. Asset Value \$: _____

- iii. Asset 3: *(if needed)*
 - 1. Description of Asset: _____
 - 2. Source: _____
 - 3. Type of Asset: _____
 - 4. Asset Value \$: _____

- iv. Asset 4: *(if needed)*
 - 1. Description of Asset: _____
 - 2. Source: _____
 - 3. Type of Asset: _____
 - 4. Asset Value \$: _____

7. Plan of Distribution *(or names of those persons who would inherit the remaining assets of the Special Needs Trust at the passing/death of the Beneficiary)*:

- i. Name: _____ Share: _____
- ii. Name: _____ Share: _____
- iii. Name: _____ Share: _____
- iv. Name: _____ Share: _____
- v. Name: _____ Share: _____
- vi. Name: _____ Share: _____

8. Documents to provide with questionnaire (copies are sufficient):

- i. Beneficiary's Current Will and Codicils, if any
- ii. Beneficiary's Trust Agreement and Amendments, if any
- iii. Beneficiary's Durable Power of Attorney
- iv. Beneficiary's Health Care Surrogate
- v. Beneficiary's Living Will
- vi. Any other estate planning documents that the Beneficiary may have
- vii. Driver's License or other identification for Beneficiary
- viii. Copies of any documents that name the Beneficiary as a person receiving an asset OR having an interest in an asset at a future time, such as a beneficiary designation, pay on death account, etc.

G. 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. _____

H. 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: _____

I. 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

J. 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.

