



ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_

I. Client Information

Name: \_\_\_\_\_ U.S. Citizen?  Yes  No

First Name Middle Name Last Name

How would you like your name to read on your estate planning documents? Other Names Known By

Date of Birth Place of Birth Social Security No. Cell Phone No. Email Address

Employment Info: Presently employed?  Yes  No If Yes, for how long? Occupation: \_\_\_\_\_

Employer/Business Name Business Street Address City State Zip Code

Title Business Phone No. Business Fax No. Business Email Address

Primary Residence: \_\_\_\_\_ Street Address City County State Zip Code

Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

Secondary Residence (if any): \_\_\_\_\_ Street Address City County State Zip Code

Telephone No. Fax No. Seasonal Dates (if any) Date Residence Established

II. Family Information

Client's Father's Name

Client's Mother's Name

Children (if any):

Table with 5 columns: Name of Client's Child, Child's Current Address & Phone Number, Name of Child's Other Parent, Child's Date of Birth, Child's Spouse's Name (if married). Rows 1-6.



## VI. Estate Planning Information - General

Have you ever been married?  Yes  No If yes, how did the marriage end?  Divorce  Death of spouse

Do you have any obligations under a divorce decree from a prior marriage?  Yes  No If Yes, provide copy of decree.

Please check any of the following community property states in which you have lived or acquired property during a marriage:

- |                                     |                                     |                                     |                               |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Arizona    | <input type="checkbox"/> Louisiana  | <input type="checkbox"/> Texas      | <input type="checkbox"/> None |
| <input type="checkbox"/> California | <input type="checkbox"/> Nevada     | <input type="checkbox"/> Washington |                               |
| <input type="checkbox"/> Idaho      | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wisconsin  |                               |

Have you ever received a substantial amount by inheritance?  Yes  No If Yes, when and amount? \_\_\_\_\_

Do you anticipate receiving a substantial inheritance?  Yes  No If Yes, approximate amount? \_\_\_\_\_

Do you have a safe deposit box?  Yes  No If Yes, where? \_\_\_\_\_

Do you own property in a foreign country?  Yes  No If Yes, where? \_\_\_\_\_

Do you have any relatives (other than your minor children) dependent upon you for support?  Yes  No If Yes, who? \_\_\_\_\_

Are you concerned that one or more of your children/grandchildren will not behave responsibly with money that you give them?  Yes  No

## VII. Estate Planning Information - Fiduciaries

The selection of your fiduciaries is one of the most important steps in the estate planning process. This section of the questionnaire is intended to introduce you to the various fiduciary roles and responsibilities and encourage you to begin considering who is best suited to serve on your behalf. Your Hill Ward Henderson attorney will discuss the selection of your fiduciaries in detail with you.

**Personal Representative** – A Personal Representative (often called an “executor”) is the person or company appointed by the court to administer a decedent’s probate estate. Responsibilities of the Personal Representative generally include the collecting of all assets, paying debts of the estate, filing applicable tax returns, and distributing the remainder of the estate according to the terms of a Will. Who would you designate as your Personal Representative in the event of your death? *Note - If this person is not a blood relative, he or she must be a resident of the State of Florida. Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |                                       |                    |
|---------------------------------------|--------------------|
| 1) _____<br>Name of Person or Company | _____ Relationship |
| 2) _____<br>Name of Person or Company | _____ Relationship |
| 3) _____<br>Name of Person or Company | _____ Relationship |

**Trustee** – A Trustee is the person or company designated to manage the affairs of your trust. Duties of a Trustee include the duty to carry out the express terms of the trust instrument, the duty to defend the trust, the duty to prudently invest trust assets, the duty of impartiality among the beneficiaries, and the duty to account for trust transactions. Who would you designate as the Trustee of your trust? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |                                       |                    |
|---------------------------------------|--------------------|
| 1) _____<br>Name of Person or Company | _____ Relationship |
| 2) _____<br>Name of Person or Company | _____ Relationship |
| 3) _____<br>Name of Person or Company | _____ Relationship |

**Guardian for Minor Children** – Who would you designate as guardian of your children in the event you die or become incapacitated while your children are minors? *Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |                |              |
|----------------|--------------|
| 1) _____       | _____        |
| Name of Person | Relationship |
| 2) _____       | _____        |
| Name of Person | Relationship |
| 3) _____       | _____        |
| Name of Person | Relationship |
- 

**Durable Power of Attorney** – Who would you designate to make financial and business decisions for you?

*Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |                |              |
|----------------|--------------|
| 1) _____       | _____        |
| Name of Person | Relationship |
| 2) _____       | _____        |
| Name of Person | Relationship |
| 3) _____       | _____        |
| Name of Person | Relationship |
- 

**Health Care Surrogate** – Who would you designate to make medical decisions for you if you become incapacitated?

*Please list at least one backup designee in the event a designee is unable or unwilling to act.*

- |                |              |
|----------------|--------------|
| 1) _____       | _____        |
| Name of Person | Relationship |
| 2) _____       | _____        |
| Name of Person | Relationship |
| 3) _____       | _____        |
| Name of Person | Relationship |
-

## VIII. Financial Information

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.

Asset:	Form of Ownership:		
	Your Individual Name Approximate Value:	Joint with Others Approximate Value:	Other (e.g., trust) Approximate Value:
<b>A. Cash Accounts.</b> Please indicate name of each bank or other institution and type of account (e.g., Checking, Savings, CDs, Money Market, etc.).			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>B. Brokerage Accounts and Securities.</b> Please indicate name of each brokerage account (or name of each security and number of shares if not held in a brokerage account).			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>C. Notes and Mortgage Receivables.</b> Please indicate the obligor, rate, and due date for each note and mortgage receivable.			
	\$	\$	\$
	\$	\$	\$
<b>D. Closely Held Business Interests.</b> Please describe each closely held business interest and type of interest (e.g., C corp., S corp., LLC, partnership, sole proprietorship, etc.).			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>E. Real Estate.</b> Please list the address of each real estate parcel. Please separately list the approximate value of any mortgage(s) for each parcel.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>F. Retirement Plans.</b> Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.) and employer affiliation, if any.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>G. Tangible Personal Property.</b> Please list motor vehicles, jewelry & art, and other valuable items.			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>H. Liabilities.</b> Please list any mortgages or other substantial debts owned by you that are not already listed above.			
	\$	\$	\$
	\$	\$	\$

## IX. Life Insurance

Please list each of your insurance policies below. Please include policies that insure your life and policies that you own that insure the lives of others. Attach additional sheets or supporting documentation as needed.

	Company	Policy #	Policy Type <sup>1</sup>	Effective Date	Face Value <sup>2</sup>	Cash Value	Person Insured	Policy Owner <sup>3</sup>	Beneficiary	Loan Against Policy
1										
2										
3										
4										
5										
6										
7										
8										
9										

<sup>1</sup> Policy types include: Term, Whole Life, Group Life, Split Dollar, etc.

<sup>2</sup> The face value of a life insurance policy is ordinarily the policy's death benefit.

<sup>3</sup> The owner of a life insurance policy is ordinarily the person who has the power to change its beneficiary.