

Ourednik Law Offices, P.A.

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Jacksonville, Florida 32246

ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Client Information

Legal name: _____
first middle last

List all prior legal names _____

List all other names used _____

Date of birth: ____ / ____ / ____

Place of birth: _____
city state country

Social Security number: ____ / ____ / ____ **Email address:** _____

U.S. citizen: Yes ____ No ____

Florida resident: Yes ____ No ____

Permanent address: _____
street address

city state zip code

What County do you live in? _____

Do you claim Florida homestead exemption? Yes ____ No ____

Telephone numbers: Home _____ Work _____
Cell phone _____ Pager _____

Occupation: _____

Employer: _____

Marital status: single married divorced separated widowed

Marital history: Have you ever been divorced or widowed? Yes ____ No ____

Family Information

Spouse

If you are currently married, please state the date and place of your marriage, and the legal name and birth date of your spouse:

Date of marriage: / /

Place of marriage: _____
city state country

Legal name of spouse: _____
first middle last

Date of birth of spouse: / /

Did you enter into a "pre-nuptial" or "post-nuptial agreement"? Yes ____ No ____
If yes, please attach a signed copy with all subsequent modifications.

Have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while you were married? Yes ____ No ____

If yes, did you purchase a home or other real property in that state? Yes ____ No ____

Children

If you have any children, please state the legal name, birth date and current address of each of your children and state whether a child has any children (i.e., your grandchildren). Do not include a step child or foster child who lives with you. Use additional sheets if necessary.

1. **Legal name:** _____
first middle last

Current address: _____
street address city state zip code

Date of birth: / /

Number of child's children (i.e., your grandchildren): _____

2. **Legal name:** _____
first middle last
Current address: _____
street address city state zip code

Date of birth: ____ / ____ / ____

Number of child's children: _____

3. **Legal name:** _____
first middle last
Current address: _____
street address city state zip code

Date of birth: ____ / ____ / ____

Number of child's children: _____

4. **Legal name:** _____
first middle last
Current address: _____
street address city state zip code

Date of birth: ____ / ____ / ____

Number of child's children: _____

Has any child predeceased you? Yes ____ No ____
If so, did that child have any children? Yes ____ No ____
Is any child illegitimate? Yes ____ No ____
Are you including posthumous/afterborn children? Yes ____ No ____

Information for your will or trust

Fiduciaries

Personal Representative

Whom do you want to nominate as the “personal representative” (i.e., the executor) of your estate? Married persons often select their spouse. Please note that under Florida law, if the personal representative is not related to you, he or she must be a Florida resident. You may also select “joint” personal representatives or a “corporate” personal representative (e.g., bank or trust company).

Personal Representative

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Alternate Personal Representative

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Some probate judges will allow the personal representative to serve without having to post a bond if the decedent’s will waives the bond requirement. Other judges refuse to allow a waiver because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? Yes ____ No ____

Trustee

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select “co-trustees” or a “corporate” trustee (e.g., bank or trust company).

Successor Trustee

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Alternate Trustee

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes ____ No ____

Guardian

If you have any children who are minors, a guardian should be named in your will to care for their person and to manage their property until they attain 18 years of age in the event of the death of both parents. You may nominate “joint” guardians. You may also nominate separate guardians for a child, that is, a “guardian of the person” and a “guardian of the property” especially if a proposed guardian may not be suitable for handling a child's property and finances. A guardian of the property could include a “corporate” guardian or corporate co-guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.

Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Alternate Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Specific bequests

List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amounts of money that you wish to leave to one or more beneficiaries. If you have a large number of items of “tangible personal property” that you want to give to several persons, you may want to consider having a “separate writing” prepared.

<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Residue

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

Additional information

Use this space to provide any additional information concerning your testamentary intentions.

Miscellaneous

Do you currently have:

A “will” or “revocable living trust”? Yes ____ No ____ If yes, please attach a signed copy with any codicils or amendments.

A “durable power of attorney”? Yes ____ No ____ If yes, please attach a copy.

Any “living will documents”? Yes ____ No ____ If yes, please attach a copy.
If you want:

1. Any of your **organs donated** at your death, state:

the specific organs (or allow any usable): _____

any limitations on their use (or allow any purpose): _____

2. A specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.), specify the disposition: _____

3. A **durable power of attorney** (i.e., a document authorizing another person to control your assets on your behalf and for your benefit), state:

Legal name of Agent: _____
first middle last

Current address of Agent: _____
street address city state zip code

Agent’s relationship to you: _____

Social security number of Agent: _____

Effective date of Power: ____ immediately (Florida law currently only allows for an immediate power of attorney)

4. Any **living will documents** (i.e., documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances), state:

Health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____
Cellular _____

Alternate health care surrogate

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you: _____

Telephone numbers: Home _____ Work _____
Cellular _____

Your primary physician

Physician's name: _____
first middle initial last

Current address: _____
street address city state zip code

Telephone number: Work _____

Annual Income

Husband: _____

Wife: _____

Summary of Assets and Liabilities

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. **In lieu of completing this summary, you may substitute a current financial statement.**

Assets

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables <u>paid to you</u> (e.g., mortgage note, promissory note)				
Cash value (<u>not death benefit</u>) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

Liabilities

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

Net Worth

Your total Assets less your total Liabilities: \$ _____

Lifetime Gifts

Have you ever made one or more gifts the total value of which were over \$10,000 to any one person in any year? Yes _____ No _____

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes _____ No _____
If yes, please attach a copy.

Life Insurance

List all life insurance policies insuring your life.

<u>Amount of death benefit</u>	<u>Type of policy (e.g. term, whole life)</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Company</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide the name, address and telephone number of your:

	<u>Name</u>	<u>Address</u>	<u>Telephone number</u>
Accountant:	_____	_____	_____
Investment broker:	_____	_____	_____
Life insurance agent:	_____	_____	_____
Financial planner:	_____	_____	_____
Banker:	_____	_____	_____

Date: _____

Signed: _____
Client

Whom may I thank for the referral? _____