

CONFIDENTIAL

**ESTATE PLANNING
QUESTIONNAIRE
(Couple)**



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ESTATE PLANNING QUESTIONNAIRE

Our firm's Estate Planning Questionnaire has been created to assist us in gathering all the essential information needed to complete an estate plan for our client. Please do not spend an inordinate amount of time gathering the information requested on the form. However, we have found that having this data available at an initial attorney/client meeting will aid both you and our firm in focusing on estate planning issues specific to your situation. Of particular importance is the family information and at least rough estimates of the requested financial information, including the specific ownership of each asset (husband, wife or joint). Although this covers a lot of information, it is necessary to the planning process and, perhaps more importantly, its completion at the outset enables us to keep costs down for you.

If you have any questions about the form, please call our office; otherwise, please complete as much of it as possible and return it to us either by email or regular mail. We look forward to assisting you with your estate planning needs.

Mathews Law Firm, P. A.

ESTATE PLANNING QUESTIONNAIRE

Date: _____

1. **Husband's Full Name:** _____
Date of Birth: _____ Place of Birth: _____ Social Security No. _____
U.S. Citizen: Yes No Other Names known by: _____
Are you presently employed? Yes No For how long? _____
Occupation (former if retired): _____ Employer: _____
Office Telephone No.: _____ Fax No.: _____
Work Email Address: _____
Florida Resident Since: _____ Other Residences: _____

2. **Wife's Full Name:** _____
Date of Birth: _____ Place of Birth: _____ Social Security No. _____
U.S. Citizen: Yes No Other Names known by: _____
Are you presently employed? Yes No For how long? _____
Occupation (former if retired): _____ Employer: _____
Office Telephone No.: _____ Fax No.: _____
Work Email Address: _____
Florida Resident Since: _____ Other Residences: _____

Preferred method of contact: Husband Wife
 Cell Phone Home Phone Personal Email Work Phone Work Email

3. **Home Address:** _____
City: _____ Zip: _____ County: _____
Home Telephone Number: _____
Husband's Email Address: _____ Cell Phone No.: _____
Wife's Email address: _____ Cell Phone No.: _____

4. **Advisors and Roles:**
Accountant: _____ Trust Officer: _____
Insurance Agent: _____ Investment Advisor: _____
Financial Advisor: _____

5. **Date of Marriage:** _____ Where Living When Married: _____

6. **Prior Marriages:** Husband: Yes No Wife: Yes No

7. **Names of children of present marriage, whether natural or adopted:**
A. _____ Date of Birth: _____ Gender: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____
B. _____ Date of Birth: _____ Gender: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____
C. _____ Date of Birth: _____ Gender: _____
Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

8. **Regarding children of prior marriage(s):** (if more space is needed, please attach additional pages)
- A. Child's Name:** _____ Child of: Husband Wife
Date of Birth: _____ Gender: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____
- B. Child's Name:** _____ Child of: Husband Wife
Date of Birth: _____ Gender: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____
- C. Child's Name:** _____ Child of: Husband Wife
Date of Birth: _____ Gender: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____
9. Do any of your children/grandchildren have special needs that you wish to address in your planning?
Yes No If yes, please explain: _____

10. Do you have any other relatives dependent upon you for support? Yes No
(If yes, give names and relationships):
Name: _____ Relationship: _____
Name: _____ Relationship: _____
11. Do you have a present Will: Yes No (If yes, provide us with a copy; if emailing this completed form, please fax or mail copy of previous Will to us)
12. Do you have an inter vivos trust? Yes No If yes, provide a copy and value: \$ _____
13. Have you ever received a substantial amount by inheritance?
(Real Estate, Business, Investments, Life Insurance Proceeds, etc...) Yes No
If yes, when? _____ Approximate Amount: \$ _____
Current Status of Inheritance: _____
14. Do you anticipate receiving an inheritance? Yes No
If yes, give approximate amount: \$ _____
15. Have you ever filed a gift tax return (Form 709)? Yes No (If yes, provide us with a copy; if emailing this completed form, please fax or mail copy of gift tax return(s) to us)
16. If you own an interest in a business, is there a buy-sell agreement in effect? Yes No
If yes, who was your advisor? _____
Is there a transition plan in effect? _____
Do you desire your interest in that business to be distributed in a particular way?
Yes No If yes, please explain: _____
17. Are you receiving or will you receive an annuity? Yes No If yes, to whom will the payments be made? _____ Is this a Life Annuity? Yes No Will the amounts continue after your death? Yes No For how long? _____ What will the amount of each payment be? _____
18. A. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death? Yes No Not Sure
B. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)? Yes No
19. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?
Yes No (If yes, please provide us with copies of your most recent IRA and/or retirement plan benefit statements; if emailing this completed questionnaire, please fax or mail these statements to us)

20. If yes to #18 and/or #19, have you consulted with your financial advisor to review these plans in light of your other assets? Yes No
21. Do you have a safe deposit box? Yes No If yes, where is it located: _____
Name(s) deposit box is listed under: _____
22. Please circle any of the following states in which you have lived or acquired property while married:
 Arizona Idaho Nevada Texas
 California Louisiana New Mexico Washington None
23. Do you or your spouse own, or have previously owned, real property that you know or suspect may have environmental pollution problems for petroleum products or hazardous substances?
Yes No If yes, please explain: _____
24. Are you or your spouse presently a party in a lawsuit? Yes No If yes, please explain: _____

25. Are you or your spouse being currently threatened with a lawsuit? Yes No If yes, please explain: _____

26. Have you, your spouse, or any of your children/grandchildren been convicted of a felony?
Yes No If yes, please explain: _____
27. Do you own any property in a foreign country? Yes No
28. Do you have an interest in foreign situs estate planning? Yes No
If yes, do you have a preference of location? _____
29. Who will serve as your personal representative (executor) to administer/probate your will and estate? **Each spouse for the other?** Yes No If no, please give name and relationship below:
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____
First Alternate/Successor (if above person(s) unable to serve):
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____
Second Alternate/Successor (if above person(s) unable to serve):
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____
30. If a Revocable Living Trust is created, each of you will be the initial Trustee of your own Trust. The Successor Trustee will act if you cannot due to resignation, incapacity or death. You may select an individual or a financial institution with trust powers under Florida law to act as Successor Trustee. You may also select more than one person or institution to act as Co-Trustee(s) at the same time, and you may provide that they may act with or without the joinder and consent of the other. Most clients select the same persons to act as both Personal Representative and Successor Trustee, but that is strictly a matter of personal choice. Who will serve as Successor Trustees of your Revocable Living Trust or any trust(s) established by your estate plan? **Each spouse for the other?** Yes No If no, please give name and relationship below:
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____
First Alternate/Successor (if above person(s) unable to serve):
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____
Second Alternate/Successor (if above person(s) unable to serve):
For Husband: Name: _____ Relationship: _____
For Wife: Name: _____ Relationship: _____

31. Under your advance directive documents such as the Living Will, Durable Power of Attorney, Designation of Health Care Surrogate and Designation of Pre-Need Guardian, who do you want to make decisions for you in the event of your incapacity or terminal condition?

HUSBAND

Primary: _____ Relationship: _____

Address: _____ Phone: _____

First Alternate/Successor (if above person(s) unable to serve): _____

Relationship: _____ Address: _____ Phone: _____

Second Alternate/Successor (if above person(s) unable to serve): _____

Relationship: _____ Address: _____ Phone: _____

WIFE

Primary: _____ Relationship: _____

Address: _____ Phone: _____

First Alternate/Successor (if above person(s) unable to serve): _____

Relationship: _____ Address: _____ Phone: _____

Second Alternate/Successor (if above person(s) unable to serve): _____

Relationship: _____ Address: _____ Phone: _____

32. Your choice to act as guardian of your minor children (if applicable):

_____ Relationship: _____

City and state of residence: _____

Alternate(s): _____ Relationship: _____

City and state of residence: _____

33. All distributions are on death of both you and your spouse unless indicated otherwise.

A. HUSBAND:

- 1) Please list any specific items or cash amounts that you wish to give to any individuals or organizations, including charities (leave blank if not applicable):

Name & Relationship of Beneficiary	Amount of Gift \$ _____	Description or Address of Organization
_____	_____	_____

- 2) All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Spouse; if spouse predeceases, to children equally

Children equally

Other (specify): _____

- 3) All remaining money and other property (stocks, bonds, mutual funds, etc.) to be distributed to:

Spouse (outright or in trust); if spouse predeceases, to children equally

Children equally

Other (specify): _____

- 4) If no beneficiaries are living when you and your spouse die, how should your estate be distributed?

all to your surviving relatives

all to your spouse's surviving relatives

one-half (1/2) to your relatives and one-half (1/2) to your spouse's relatives

- 5) Age(s) at which children/beneficiaries other than your spouse are to become in control of property held in trust for them or are to receive property outright after your death:
- Outright upon your death, regardless of age
 - Majority (age 18)
 - Age 21
 - Distribute selected percentages at selected ages to the extent not otherwise spent (e.g., one-third (1/3) at age 25; one-half (1/2) at age 30; all at age 35) Please specify: _____
 - Other (specify): _____
- 6) With reference to your surviving spouse, do you think she may be benefited by serving as Co-Trustee with a protective individual or trust company of her choice (changeable by her) in order to be able to have protection from future spouses and creditors? Yes No
- 7) Is minimizing estate taxation important to you? Yes No
- 8) Are you willing to make any substantial gifts to reduce your estate? and the tax on your estate? Yes No
- 9) Do you currently have a Power-of-Attorney? Yes No
- 10) Should you execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property to your spouse? Yes No or descendants? Yes No

B. WIFE:

- 1) Please list any specific items or cash amounts that you wish to give to any individuals or organizations, including charities (leave blank if not applicable):

Name & Relationship of Beneficiary	Amount of Gift \$ _____	Description or Address of Organization
_____	_____	_____

- 2) All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)
- Spouse; if spouse predeceases, to children equally
 - Children equally
 - Other (specify): _____
- 3) All remaining money and other property (stocks, bonds, mutual funds, etc.) to be distributed to:
- Spouse (outright or in trust); if spouse predeceases, to children equally
 - Children equally
 - Other (specify): _____
- 4) If no beneficiaries are living when you and your spouse die, how should your estate be distributed?
- all to your surviving relatives
 - all to your spouse's surviving relatives
 - one-half (1/2) to your relatives and one-half (1/2) to your spouse's relatives

- 5) Age(s) at which children/beneficiaries other than your spouse are to become in control of property held in trust for them or are to receive property outright after your death:
- Outright upon your death, regardless of age
 - Majority (age 18)
 - Age 21
 - Distribute selected percentages at selected ages to the extent not otherwise spent (e.g., one-third (1/3) at age 25; one-half (1/2) at age 30; all at age 35) Please specify: _____
 - Other (specify): _____
- 6) With reference to your surviving spouse, do you think he may be benefited by serving as Co-Trustee with a protective individual or trust company of his choice (changeable by him) in order to be able to have protection from future spouses and creditors? Yes No
- 7) Is minimizing estate taxation important to you? Yes No
- 8) Are you willing to make any substantial gifts to reduce your estate? and the tax on your estate? Yes No
- 9) Do you currently have a Power-of-Attorney? Yes No
- 10) Should you execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property to your spouse? Yes No or descendants? Yes No

34. Do you have any significant health problems that affect your insurability? Yes No
If yes, please explain: _____

35. Have you ever been rated by an insurance company before? Yes No If yes, please explain: _____

36. Is there a medically diagnosed probability that there is greater than a 50/50 chance that you will die within one year from this date? Yes No If yes, please explain: _____

37. Do you want to give specific instructions regarding funeral arrangements, disposition of your body after death or anatomical gifts? Yes No If yes, please describe (e.g. cremation, organ donation, etc.):
Husband: _____
Wife: _____

38. Do you own any Flower Bonds? Yes No If yes, please specify: _____

39. If you have named anyone in this Questionnaire for whom full personal information has not already been provided (for example, a parent, aunt/uncle, niece/nephew, great-grandchild, or friend), please provide that information here:

- A. Name _____ Date of Birth _____
Address _____
Relationship _____
- B. Name _____ Date of Birth _____
Address _____
Relationship _____

VERIFY ASSET OWNERSHIP AND BENEFICIARY DESIGNATIONS

(Attach additional sheets if necessary)

**Ownership - Check One for Each Asset Below: J=Joint H=Husband W=Wife
T=Trust (if Trust, state name of Trust)**

Family Residence

J Address _____
 H Estimated fair market value _____
 W Mortgage balance _____
 T Year of purchase _____
Purchase price _____

J H **General household furniture and furnishings** \$ _____
 W T

Household effects of special value (such as china, silver, art works, antiques, jewelry, collections, etc.)

J H Estimated Value _____
 W T Description _____

Automobile

Year _____
 J H Make _____
 W T Value _____
Loan Balance _____

Automobile

Year _____
 J H Make _____
 W T Value _____
Loan Balance _____

Other real estate

Address and description _____
 J H Estimated fair market value _____
 W T Mortgage Balance _____
Year of purchase _____
Purchase Price _____

Other real estate

Address and description _____
 J H Estimated fair market value _____
 W T Mortgage Balance _____
Year of purchase _____
Purchase Price _____

CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, AND OTHER ACCOUNTS

	<u>Acct. No.</u>	<u>Bank/Broker, etc.</u>	<u>Approximate balance</u>
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____		
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____		

BROKERAGE ACCOUNTS

	<u>Firm</u>	<u>Broker's Name</u>	<u>Account #</u>	<u>Value</u>
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____			
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____			

IRAs, 401(k) PLANS, ANNUITIES, ETC.

	<u>Plan Sponsor</u>	<u>Beneficiary</u>	<u>Account Balance</u>
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____		
<input type="checkbox"/> J <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> T	_____		

<input type="checkbox"/> J <input type="checkbox"/> H	Non-Publicly traded business interests (such as sole proprietorship, closely held corporations, royalty rights, partnerships, etc.) Describe: _____
<input type="checkbox"/> W <input type="checkbox"/> T	
	Is this an S-Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> J <input type="checkbox"/> H	Other assets, including any amounts owed to you (other than life insurance): _____
<input type="checkbox"/> W <input type="checkbox"/> T	

<input type="checkbox"/> J <input type="checkbox"/> H	Interests in trusts created by others (please provide us with a copy of any trust(s); if emailing this completed questionnaire, please fax or mail a copy of any trust(s) to us) _____
<input type="checkbox"/> W <input type="checkbox"/> T	

LIFE INSURANCE

List life insurance on you or your spouse, specifying, for each policy, whether it is a whole life or term policy, the owner, beneficiary, on whose life the policy is written, the face amount the policy, and its cash surrender value less outstanding loans, if any:

<u>Kind</u> (whole/term)	<u>Owner</u>	<u>Beneficiary</u>	<u>Life Covered</u>	<u>Face Amt.</u>	<u>Cash Value</u>

DEBT (exceeding \$1,000)

List your debts, if any, other than any mortgage on real property previously listed. Do not include consumer debt (e.g. credit cards) that will be paid off month to month.

<u>To Whom</u>	<u>Amount Due</u>	<u>Secured By</u>

Are you the guarantor of the obligations of any other person or business? If yes, please describe.

<u>Debtor</u>	<u>Creditor</u>	<u>Current Amount Owed</u>	<u>Maximum Amount Subject to Guaranty</u>

