

**CONFIDENTIAL**

**ESTATE PLANNING  
QUESTIONNAIRE  
(Individual)**

**MATHEWS LAW FIRM, P.A.**

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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 (joint, individual or trust). 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. **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: \_\_\_\_\_
  
2. **Home Address:** \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_  
Home Email Address: \_\_\_\_\_  
Florida Resident Since: \_\_\_\_\_ Other Residences: \_\_\_\_\_  
\_\_\_\_\_
  
3. **Advisors:**  
Accountant: \_\_\_\_\_  
Trust Officer: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Investment Advisor: \_\_\_\_\_
  
4. **Marital Status:** Never Married  Divorced  Widowed
  
5. **Information regarding children of prior marriage (if applicable):**
  - A. **Child's Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_
  - B. **Child's Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_
  - C. **Child's Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_
  - D. **Child's Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

6. Do any of your children/grandchildren have special needs that you wish to address in your planning? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any other relatives dependent upon you for support? Yes  No   
(If yes, give names and relationships):  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

8. 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)

9. Do you have any present inter vivos trusts? Yes  No   
If yes, attach a copy and list approximate value: \$ \_\_\_\_\_

10. Have you ever received a substantial amount by inheritance? Yes  No   
If yes, when? \_\_\_\_\_ Approximate Amount: \$ \_\_\_\_\_

11. Do you anticipate receiving an inheritance? Yes  No   
If yes, give approximate amount: \$ \_\_\_\_\_

12. 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)

13. If you own an interest in a business, is there a buy-sell agreement in effect?  
Yes  No  Do you desire your interest in that business to be distributed in a particular way? Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. 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? \_\_\_\_\_  
\_\_\_\_\_

15. 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, waivers, or forms of payment under your employer's plan(s)?  
Yes  No

16. 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)
17. Do you have a safe deposit box? Yes  No   
 If yes, where is it located: \_\_\_\_\_  
 Name(s) deposit box is listed under: \_\_\_\_\_
18. Please circle any of the following states in which you have lived or acquired property:  

Arizona	Louisiana	Texas
California	Nevada	Washington
Idaho	New Mexico	None
19. Do you own, or may have previously owned, real property that has, or that you may suspect has, environmental pollution problems for petroleum products or hazardous substances? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Are you presently a party in a lawsuit? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Are you being currently threatened with a lawsuit? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Have you or any of your children/grandchildren been convicted of a felony?  
 Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Do you own any property in a foreign country? Yes  No
24. Do you have an interest in foreign situs estate planning? Yes  No   
 If yes, do you have a preference of location? \_\_\_\_\_
25. Who will serve as your personal representative (executor) to administer/probate your will and estate? \_\_\_\_\_ Relationship: \_\_\_\_\_  
**First Alternate/Successor** (if above person(s) unable to serve):  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Second Alternate/Successor** (if above person(s) unable to serve):  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

26. You will be the initial Trustee of your own Revocable Living 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?

**Trustee:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

\_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

\_\_\_\_\_ **Relationship:** \_\_\_\_\_

27. 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?

**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:** \_\_\_\_\_

28. 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:** \_\_\_\_\_

29. All distributions are upon your death unless indicated otherwise.

A. 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):

<u>Name &amp; Relationship of Beneficiary</u>	<u>Description or Amount of Gift</u>	<u>Address of Organization</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

B. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to:

\_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Relationship: \_\_\_\_\_

D. If no beneficiaries are living when you die, how should your estate be distributed?

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

E. Age(s) at which beneficiaries 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): \_\_\_\_\_

F. Is minimizing estate taxation important to you? Yes  No

G. Are you willing to make any substantial gifts to reduce your estate? and the tax on your estate? Yes  No

H. Do you currently have a Power-of-Attorney? Yes  No

I. Should you execute a Power-of-Attorney, should that agent be restricted in his or her authority to make gifts of your property? Yes  No

30. Do you have any significant health problems that affect your insurability? Yes  No   
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
31. Have you ever been rated by an insurance company before? Yes  No  If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
32. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
33. 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.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
34. Do you own any Flower Bonds? Yes  No  If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. 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 \_\_\_\_\_
- C. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_
- D. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

**VERIFY ASSET OWNERSHIP AND BENEFICIARY DESIGNATIONS**

(Attach additional sheets if necessary)

**Ownership - Circle One for Each Asset Below**

**J=Joint**

**I=Individual**

**T=Trust**

**Family Residence**

**(J, I or T)**

Address \_\_\_\_\_

Estimated Fair Market Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \_\_\_\_\_

Name on Deed \_\_\_\_\_

**(J, I or T)**

**General household furniture and furnishings** \$ \_\_\_\_\_

\_\_\_\_\_

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

**(J, I or T)**

Estimated Value \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

**Automobile**

**(J, I or T)**

Year \_\_\_\_\_

Make \_\_\_\_\_

Value \_\_\_\_\_

Loan Balance \_\_\_\_\_

Name on Title \_\_\_\_\_

**Automobile**

**(J, I or T)**

Year \_\_\_\_\_

Make \_\_\_\_\_

Value \_\_\_\_\_

Loan Balance \_\_\_\_\_

Name on Title \_\_\_\_\_

**Other real estate**

**(J, I or T)**

Address and Description \_\_\_\_\_

\_\_\_\_\_

Estimated Fair Market Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \_\_\_\_\_

Name on Deed \_\_\_\_\_

**Other real estate**

Address and Description \_\_\_\_\_

Estimated Fair Market Value \_\_\_\_\_

(J, I or T)

Mortgage Balance \_\_\_\_\_

Year of Purchase \_\_\_\_\_

Purchase Price \_\_\_\_\_

Name on Deed \_\_\_\_\_

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, AND OTHER ACCOUNTS**

Acct. No.                      Bank/Broker, etc.                      Approximate Balance

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

**BROKERAGE ACCOUNTS**

Firm                      Broker's Name                      Account #                      Value

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

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

Plan Sponsor                      Beneficiary                      Account Balance

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

\_\_\_\_\_

(J, I or T)

Non-Publicly traded business interests (such as sole proprietorship, closely held corporations, royalty rights, partnerships, etc.) Describe: \_\_\_\_\_

Is this an S-Corporation?    Yes     No

(J, I or T)

Other assets, including any amounts owed to you (other than life insurance):

\_\_\_\_\_

(J, I or T)

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)

\_\_\_\_\_

### LIFE INSURANCE

List life insurance on you, 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> <u>(whole/term)</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Life</u> <u>Covered</u>	<u>Face</u> <u>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</u> <u>Amount Owed</u>	<u>Maximum Amount</u> <u>Subject to Guaranty</u>