

CONFIDENTIAL

**ESTATE PLANNING
QUESTIONNAIRE
(Individual)**

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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: _____
Home Address: _____
 City: _____ Zip: _____ County: _____
 Home Telephone No.: _____ Cell Phone No.: _____
 Home Email Address: _____
 Florida Resident Since: _____ Other Residences: _____

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

3. **Marital Status:** Never Married Divorced Widowed

4. **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?

(Real Estate, Business, Investments, Life Insurance Proceeds, etc...) Yes No

If yes, when? _____ Approximate Amount: \$ _____

Current Status of Inheritance: _____

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

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: _____

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. If yes to #16, have you consulted with your financial advisor to review these plans in light of your other assets? Yes No
18. Do you have a safe deposit box? Yes No
 If yes, where is it located: _____
 Name(s) deposit box is listed under: _____
19. 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 |
20. 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: _____

21. Are you presently a party in a lawsuit? Yes No If yes, please explain: _____

22. Are you being currently threatened with a lawsuit? Yes No If yes, please explain:

23. Have you or any of your children/grandchildren been convicted of a felony?
 Yes No If yes, please explain: _____

24. Do you own any property in a foreign country? Yes No
25. Do you have an interest in foreign situs estate planning? Yes No
 If yes, do you have a preference of location? _____
26. 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: _____

27. 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:** _____

28. 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 & 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>