



Members, Florida Bar:

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ESTATE PLANNING QUESTIONNAIRE

YOUR APPOINTMENT IS ON _____, 20__ AT _____ a.m. / p.m.

Table with 2 columns: PLEASE BRING WITH YOU: (1. Your current estate planning documents, 2. \$50 consultation fee) and OFFICE USE ONLY (Consultation Fee, Signing date)

- 1. Your Legal Name
2. Address: City State Zip
3. Home Phone:
4. Cell Phone:
5. Work Phone:
6. Email Address:
7. Are you married? Yes / No
8. Spouse's Name
9. Spouse's Address (if different): City State Zip
10. Spouse's Cell Phone:
11. Names and ages of all your children (Name: Age:)

12. Do you intend to disinherit any of your children? If so, please provide the name of that child.

HIPPA RELEASE:

13. Who do you want to be able to obtain information from health care providers in the event you are unable to speak for yourself?

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

Name: _____ Relationship to you: _____

LAST WILL AND TESTAMENT:

14. Who would you like to be in charge of your estate (Executor or Personal Representative) in the event of your death?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

If that person cannot act for any reason, who is your second choice?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

15. Leaving Personal Property to people: We will provide in your will that you can leave a separate writing that must be signed and dated by you so that you can leave specific things to specific people – and you can change your mind without having to change your will!

Other Personal Property: Who would you like to get your personal property (including your car) in the event that you don't distribute something in the separate writing? _____

16. Who would you like to have the rest of your property (everything else including the winning lottery ticket if you had one)? _____

17. If any of those people died before you did, who would you want to get the rest of your property then? _____

18. Are any of these beneficiaries too young to receive this money or property? Yes / No

19. If yes, I usually recommend that you create in your will a "Contingent Trust for Minors" which will authorize use of the income and part of the principal of the trust for the health, education and welfare of the beneficiary until they reach a certain age.

Is this what you would want? Yes / No

20. If so, who would you like to serve as Trustee of the trust?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

If that person cannot act, who would you like to have serve as alternate Trustee?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

21. Who would you like to serve as guardian of your minor children?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

In the event this person cannot serve as guardian of your minor children whom else would you want to have appointed as their guardian?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

22. How old should the beneficiaries be when they get this property? I usually recommend 25 as an "age of reason", but you may have other ideas, or might want the money distributed in stages. How would you like that done? _____

23. If this beneficiary dies before you do, or before getting control of the money, whom would you want to get the money then?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

24. Are any of your potential beneficiaries going to be eligible for Medicaid or Social Security Disability due to some disability? Yes / No.

If so, who and what is their relationship to you?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

25. Does your will *or your life insurance or retirement benefits* name that person as a possible beneficiary? Yes / No If so, we need to talk about changing the named beneficiary so your estate plan works as you intend.

26. Who are the beneficiaries of your life insurance right now?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____ Age: _____

27. Do you intend to leave all or a portion of your life insurance to benefit minor children?
Yes / No If yes, provide the names and ages below:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

LIVING WILL:

28. Are you interested in having a Living Will, which will detail how you want to be taken care of in the event you have a terminal illness and are unable to express your preferences personally? Yes / No _____

29. If so, who would you like to designate as surrogate to carry out the provisions of this declaration?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

If that person cannot act, who would you like to have serve as alternate?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

HEALTH CARE SURROGATE:

30. Who would you like to designate as your health care surrogate in your living will? This will be the person who can tell the doctors your wishes in the event you are unable.

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

If that person cannot act, who would you like to have serve as alternate?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

DURABLE POWER OF ATTORNEY:

31. Are you interested in having a Durable Power of Attorney? Yes / No _____

32. If so, who would you like to be the “attorney-in-fact”?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

If that person cannot act as your “attorney-in-fact” for any reason, who is your second choice?

Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Relationship to you: _____

33. Please tell us a little about your property.

a. 401k/IRA?

Value _____

Designated beneficiary _____

b. Real Estate Yes / No

Value _____

c. Life Insurance? Yes / No

Face Value _____

Designated beneficiary at this time _____

d. Stocks/Bonds/Mutual Funds Yes / No

Value _____

e. Business interests _____

