

# Law Firm of Michael W. Porter

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## ESTATE PLANNING QUESTIONNAIRE

Thank you for contacting our firm to assist you with the preparation of your estate plan. Please complete this confidential questionnaire to furnish information which will be used at your initial conference and in the preparation of your estate planning documents. Thorough answers will result in more accurate estate planning documents.

### Personal Information

Your full name: \_\_\_\_\_ SS#: \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Your place of birth: \_\_\_\_\_

US citizen? Yes  No

Florida resident? Yes  No

Marital status: Single?  Divorced?  Married?  Widowed?

Place of marriage: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Spouse's full name: \_\_\_\_\_ SS#: \_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_ Spouse's place of birth: \_\_\_\_\_

US citizen? Yes  No

Florida resident? Yes  No

Have either of you been married previously? Yes  No

Home address: \_\_\_\_\_

City, state & zip: \_\_\_\_\_

Home telephone #: (\_\_\_\_) \_\_\_\_\_

Your work phone #: (\_\_\_\_) \_\_\_\_\_ Your cell phone: (\_\_\_\_) \_\_\_\_\_

Your email address: \_\_\_\_\_

Spouse's work phone: (\_\_\_\_) \_\_\_\_\_ Spouse's cell phone: (\_\_\_\_) \_\_\_\_\_

Spouse's email address: \_\_\_\_\_

### Children or Next of Kin

Please list information for all of your children, and if NONE, list information for each of the persons whom you wish to name as beneficiaries of your estate.

Do either of you have any children from a previous relationship? Yes  No

Are any of your children adopted? Yes  No

(If so, please check the appropriate boxes below.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

From a prior relationship?  Adopted? Date and place? \_\_\_\_\_



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## Children or Next of Kin continued

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
 From a prior relationship?       Adopted? Date and place? \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
 From a prior relationship?       Adopted? Date and place? \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
 From a prior relationship?       Adopted? Date and place? \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
 From a prior relationship?       Adopted? Date and place? \_\_\_\_\_

*(Continue on a separate page if necessary)*

## Financial Considerations

- 1. Do you own any real estate in another state or country?**     Yes       No

If so, where? \_\_\_\_\_

***Please bring copies of deeds to all real estate in which you own an interest to your appointment.***

- 2. Have you established any trusts?**       Yes       No

Name of trust: \_\_\_\_\_  
Date of trust: \_\_\_\_\_      Trust value: \$ \_\_\_\_\_

Name of trust: \_\_\_\_\_  
Date of trust: \_\_\_\_\_      Trust value: \$ \_\_\_\_\_

- 3. Do you have any powers of appointment?**     Yes       No

Details: \_\_\_\_\_

- 4. Do you or your spouse have any legal obligations to be paid from your estate after your death, such as child support or alimony?**     Yes       No

(If so, please bring copies of papers detailing said obligation).

- 5. Do you have a pre-nuptial agreement with your spouse, or ex-spouse?**     Yes       No

(If so, please bring a copy to your appointment)

- 6. Have you, or your spouse, ever owned property in a community property state?**  
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Alaska or Wisconsin)

Yes       No      If so, which state(s)? \_\_\_\_\_

Describe community property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Financial Considerations continued

7. Do you wish to include any funeral or cremation instructions in your will? If so, please describe.

You: Cremation? [ ] Burial? [ ] Your spouse: Cremation? [ ] Burial? [ ]

Details (include any prearrangements): \_\_\_\_\_

\_\_\_\_\_

Persons/Organizations to be named in your Will or Trust Agreement

BENEFICIARIES: You may direct that your entire estate will go to one or more persons or organizations. Additionally, you may make specific gifts of specific assets or of a percentage of your estate. If you make specific gifts, you also must designate who will receive all the remainder of your assets.

Do you wish to make a specific to a specific person? [ ] Yes [ ] No

If so, please describe the person or persons and specific assets: \_\_\_\_\_

\_\_\_\_\_

Designate the recipients to receive all of your assets (or estate) and the shares to each, if more than one or all of the remainder of your estate after making specific devises: [ ] All to spouse.

\_\_\_\_\_

ALTERNATE BENEFICIARIES: Designate the beneficiaries of your assets in the event that any of those designated above not survive you. If any recipient who dies before you do is a blood relative, his or her gift shall go to his or her children in equal shares, unless you specify otherwise: [ ] All to our children equally.

\_\_\_\_\_

PERSONAL REPRESENTATIVE (PR): (or Executor): The person who will be responsible for carrying out the terms of your will. To be qualified to serve as personal representative under Florida law, this person must be: 1) over the age of 18; 2) have no felony convictions; and 3) be either a Florida resident; or your spouse; or a person related to you by blood, or their spouse; or your legally adopted child or parent.

Your PR's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your PR's Address: \_\_\_\_\_

Your Alternate PR's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your Alternate PR's Address: \_\_\_\_\_

Spouse's PR's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's PR's Address: \_\_\_\_\_

Spouse's Alternate PR's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Spouse's Alternate PR's Address: \_\_\_\_\_

GUARDIAN: The person to be appointed by the Court to be guardian of your minor children should it be necessary (i.e. both natural parents deceased): (same qualifications as personal representative)

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

Address: \_\_\_\_\_

ALTERNATE GUARDIAN In the event the guardian cannot serve, or declines to serve:

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

Address: \_\_\_\_\_



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## Persons/Organizations to be named in your Will or Trust Agreement continued

**TRUST:** In the event that you desire to leave assets to someone "in trust", please complete the following. A trust may also be created by your will for the management of your estate on behalf of a person or persons who may not be capable of managing property (i.e.: due to age {minors under 18} or incapacity).

**TRUSTEE:** The person who will manage and invest trust assets as well as exercising discretion as to disbursements from the trust.

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

Address: \_\_\_\_\_

Successor trustee name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

At what age (or at what event) do you want the trustee to distribute the assets to the beneficiary or beneficiaries free of trust? Age: \_\_\_\_\_ or Event: \_\_\_\_\_

Alternate trust beneficiary or beneficiaries: (in the event that your beneficiary or beneficiaries pass away before reaching said age or event) \_\_\_\_\_

\_\_\_\_\_

## Planning for Incapacity

A) **Durable power of attorney (DPOA):** A document by which you may give authority to another person (an "Agent") to act on your behalf, and sign documents concerning financial and/or medical matters. List names as they appear on their drivers license or other government ID for each of your agents below.

Do **you** want a DPOA?  Yes  No

Agent's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate agent's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Does **your spouse** want a DPOA?  Yes  No

Agent's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate agent's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

B) **Living Will:** A declaration of your intention to have life prolonging procedures withheld or withdrawn should you be diagnosed by two physicians with a "terminal condition", an "end stage condition" or a "persistent vegetative state", with no reasonable medical probability of recovery.

Do **you** want a Living Will?  Yes  No

Does **your spouse** want a Living Will?  Yes  No



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Planning for Incapacity continued

C) **Health Care Surrogate Designation:** A declaration naming someone to act on your behalf concerning medical decisions only in the event that your attending physician determines that you lack the capacity to make such decisions.

Do **you** want a **Health Care Surrogate Designation**?  Yes  No

Surrogate's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Alternate surrogate's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

Does **your spouse** want a **Health Care Surrogate Designation**?  Yes  No

Surrogate's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Alternate surrogate's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

This confidential questionnaire will be used to assist us during your appointment and in the preparation of your estate planning documents. It has **no legal effect** as to the disposition of your assets after your death or incapacity.

If you have any questions in completing this form, please do not hesitate to contact us.

Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Your spouse's signature: \_\_\_\_\_

