**FAMILY**

 **WEALTH PRESERVATION QUESTIONNAIRE**

**Part 1**

 (Information provided will be held in the *strictest confidence*.)

 **ESTATE PLAN FOR MR. & MRS. \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **INTRODUCTION**

 This booklet is designed to organize your affairs and is divided into the following sections:

 A) Family Information C) Financial Information

 B) Existing Documentation D) Disposition of Estate

# Please furnish us this information at least two (2) days before your initial meeting.

OBJECTIVES:

(Please prioritize your objectives numerically: 1 = most important; 10 = least important)

 Maintaining Control Over Your Person and Affairs

 Protection from Administrative Expense and Delay

 Save Federal Gift and Estate Tax

 Income Tax Reduction

 Assure Lifestyle

 Passing Value and Responsibility to Family Members

 Protection from Government and Lawsuits

 Managing the Value of the Family Business

 Other:

 Other:

 Other:

| **A. FAMILY INFORMATION** |
| --- |
|  |  | **MR. \_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **MRS. \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| FULL NAME (First, Middle, Last) |  |  |  |  |
| OTHER NAMES USED |  |  |  |  |
| HOME ADDRESS (Street) |  |  |  |  |
|  (City/State, Zip) |  |  |  |  |
|  (County) |  |  |  |  |
| HOME PHONE (include area code) |  |  |  |  |
| e-MAIL ADDRESS |  |  |  |  |
| SOCIAL SECURITY NUMBER |  |  |  |  |
| FLORIDA DRIVER’S LICENSE OR IDENTIFICATION CARD NUMBER |  |  |  |  |
| DATE OF BIRTH (Month/Day/Year) |  |  |  |  |
| PLACE OF BIRTH (City/State) |  |  |  |  |
| HEALTH: |  | Good  Fair  Poor  |  | Good  Fair  Poor  |
| DATE OF MARRIAGE  |  |  |  |  |
| WAS THERE A PRE-MARITAL AGREEMENT? YES  NO  |
| RESIDENTS OF FLORIDA YES  SINCE 19\_\_\_\_\_\_\_\_. NO  |
| HAVE YOU EVER LIVED IN ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN? YES  NO  YES  NO  |
| U.S. CITIZEN? |  |  YES  NO  |  |  YES  NO  |
| RETIRED? |  |  YES  NO  |  |  YES  NO  |
| OCCUPATION/BUSINESS: |  |  |  |  |
| BUSINESS ADDRESS: (Street) |  |  |  |  |
|  (City/State/Zip) |  |  |  |  |
| BUSINESS PHONE (with area code): |  |  |  |  |
| CELLULAR PHONE (with area code): |  |  |  |  |

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| **FAMILY TREE** |

 Please complete a **family tree** charting the relationships and names of your beneficiaries.

Child

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

Grandchild

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

Grandchild

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

Grandchild

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

Grandchild

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

Mother

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

Father

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

Father

Mother

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

MR. \_\_\_\_\_\_\_\_\_\_\_\_\_

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

MRS. \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grandchild

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Grandchild

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Grandchild

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Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child

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

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| **B. EXISTING DOCUMENTATION** |

**IMPORTANT**: Please provide **copies** of the following documents for your meeting with the attorney:

 Prior Wills/Trusts*All* prior Wills and Trust Agreements of you and your spouse.

 Other Legal Documents*Any and all* Power of Attorneys, Living Will Declarations, Medical Powers or Health Care Surrogate Designations prepared for you and/or your spouse.

 Have you ever given a Power of Attorney to another? YES  NO 

 If so, to whom and when?

 Insurance*All* life insurance policies and any insurance study prepared for you and/or your spouse.

 Deeds*All* titles or property deeds to real estate, including your residence.

 Is your residence within the city limits? YES  NO 

 Please state the size or acreage of your "homestead":

 Titles to Vehicles*All* titles or certificates to auto(s), boat(s), plane(s), *etc.*

 Leases*All* leases to property or equipment.

 Nuptial Agreement*All* pre-nuptial, post-nuptial or other marriage agreements.

 Income Tax ReturnsYour last two (2) income tax returns that have been filed.

 Gift Tax Returns*Any* gift tax returns.

 Retirement Plan Documentation*All* retirement plan documents including, but not limited to IRA, 401K, Profit Sharing, and Pension Plans.

 Valid Photo IdentificationThis may include your Drivers License, current Passport, State Identification Card, or Military Identification.

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than $10,000.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF RECIPIENT |  | NATURE OF GIFT |  | VALUE |  | DATE OF GIFT |  | GIFT TAX RETURN FILED |
|  |  |  |  | $ |  |  / / |  |  / / |
|  |  |  |  | $ |  |  / / |  |  / / |
|  |  |  |  | $ |  |  / / |  |  / / |
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|  |  |  |  | $ |  |  / / |  |  / / |

| **C. FINANCIAL INFORMATION** |
| --- |
| Directions: Complete this form by supplying the current value of your property and any debts below. If you have a personal financial statement, you may substitute it in place of this checklist and complete only those items below regarding your Retirement Benefits and Insurance.  |
| **PROPERTY** | **MR. \_\_\_\_\_\_\_\_\_\_\_\_\_’S**PROPERTY |  | **MRS. \_\_\_\_\_\_\_\_\_\_\_\_\_’S****PROPERTY** |  | **JOINTLY OWNED** |  | **OTHER JOINT OWNER** |  | **ESTIMATED GROWTH RATE** |
| Residence | $ |  | $ |  | $ |  |  |  |  % |
| Other Real Property | $ |  | $ |  | $ |  |  |  |  % |
| Bank Accounts | $ |  | $ |  | $ |  |  |  |  % |
| Money Market Accounts | $ |  | $ |  | $ |  |  |  |  % |
| Certificates of Deposit | $ |  | $ |  | $ |  |  |  |  % |
| Annuities | $ |  | $ |  | $ |  |  |  |  % |
| Business Interests | $ |  | $ |  | $ |  |  |  |  % |
| Partnership Interests | $ |  | $ |  | $ |  |  |  |  % |
| Stocks | $ |  | $ |  | $ |  |  |  |  % |
| Bonds | $ |  | $ |  | $ |  |  |  |  % |
| Accounts Receivable, Mortgages Receivable, and Other Notes | $ |  | $ |  | $ |  |  |  |  |
| Retirement Benefits (e.g. IRA, 401K, Pension Plan) | $ |  | $ |  | NA |  |  |  |  % |
| Other Assets:(a) Automobiles | $ |  | $ |  | $ |  |  |  |  |
| (b) Art, Stamp, or Other Collections | $ |  | $ |  | $ |  |  |  |  |
| (c) Cash Value of Life Insurance | $ |  | $ |  | $ |  |  |  |  |
| (d) Oil/Gas Interests | $ |  | $ |  | $ |  |  |  |  |
| (e) Household Property | $ |  | $ |  | $ |  |  |  |  |
| (f) Boat(s) | $ |  | $ |  | $ |  |  |  |  |
| (g) Other (Antiques, etc.) | $ |  | $ |  | $ |  |  |  |  |
| **TOTAL PROPERTY** | $ |  | $ |  | $ |  |  |  |  |
|  **DEBTS** |  |  |  |  |  |  |  |  | INTERESTRATE |
| Real Estate Mortgage(s) | $ |  | $ |  | $ |  |  |  |  % |
| Loans | $ |  | $ |  | $ |  |  |  |  % |
| Credit Cards | $ |  | $ |  | $ |  |  |  |  % |
| Other Debts | $ |  | $ |  | $ |  |  |  |  % |
| TOTAL DEBTS | $ |  | $ |  | $ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| NET WORTH (Property less Debts) | $ |  | $ |  | $ |  |  |  |  |

OTHER CONSIDERATIONS: Please indicate whether any of the following considerations apply to you:

Is your car owned jointly with your spouse? YES  NO 

Do you have any minor children? YES  NO 

Do you have any children with disabilities currently receiving public

assistance or benefits or who may receive them in the future? YES  NO 

Is this a second marriage for you (or your spouse)? YES  NO 

Are you concerned about who will handle your affairs should you

become disabled? YES  NO 

Do any of your loved ones suffer from a substance abuse problem? YES  NO 

Are you concerned about your loved ones' abilities to handle any

future inheritance? YES  NO 

Do you have any concerns over your children's creditors or liabilities? YES  NO 

Do you own a business or have any rental property? YES  NO 

Do you own any **real estate outside of Florida**? YES  NO 

 If yes, where is the property located?

Do you **own** any **property jointly**? YES  NO 

Is your **home(s) owned by** a **trust**? YES  NO 

Are you or your spouse **beneficiaries** or trustees of any trust? YES  NO 

Do you or your spouse have a **power of appointment** under any trust? YES  NO 

Do you or your spouse anticipate receiving an **inheritance**? YES  NO 

Are you or your spouse a **Board Member** on a profit or non-profit organization? YES  NO 

Please list any other considerations which are important to planning for you and your loved ones:

|  |
| --- |
| **LIFE INSURANCE** |
| COMPANY NAME |  |  |  |  |
| POLICY NUMBER |  |  |  |  |
| TYPE (Term, Whole Life, Universal, Variable) |  |  |  |  |
| FACE AMOUNT |  |  |  |  |
| CASH SURRENDER VALUE |  |  |  |  |
| INSURED NAME |  |  |  |  |
| OWNER (Who pays premiums?) |  |  |  |  |
| BENEFICIARY NAME |  |  |  |  |
| AGENT NAME |  |  |  |  |
| AGENT ADDRESS |  |  |  |  |
| AGENT PHONE NUMBER |  |  |  |  |

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| **DISABILITY INSURANCE** |
| COMPANY NAME |  |  |  |  |
| POLICY NUMBER |  |  |  |  |
| AMOUNT |  |  |  |  |
| AGENT NAME |  |  |  |  |
| AGENT ADDRESS |  |  |  |  |
| AGENT PHONE NUMBER |  |  |  |  |

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| **PROPERTY AND CASUALTY INSURANCE** |
| TYPE |  |  |  |  |
| COMPANY NAME |  |  |  |  |
| POLICY NUMBER |  |  |  |  |
| POLICY LIMITS |  |  |  |  |
| PRIMARY INSURED |  |  |  |  |
| CO-INSURED PARTY |  |  |  |  |
| AGENT NAME |  |  |  |  |
| AGENT ADDRESS |  |  |  |  |
| AGENT PHONE NUMBER |  |  |  |  |

 (**NOTE:** Please copy this page if additional space is needed and attach to booklet.)

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| **D. DISPOSITION OF ESTATE** |

What are your general desires as to the disposition of your estate? Indicate any specific gifts of cash or items you wish to make.

**CHARITABLE INTERESTS:**

SPECIFIC GIFTS:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF RECIPIENT |  | AMOUNT |  | DESCRIPTION OF GIFT |  | RELATIONSHIP |  | ADDRESS |
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