**SINGLE**

**WEALTH PRESERVATION QUESTIONNAIRE**

**Part 2**

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

ESTATE PLAN FOR \_\_\_\_\_\_\_\_\_\_\_

**INTRODUCTION**

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

E) Family Information G) Advisors

F) Representatives H) Burial Arrangements

***Please furnish this information at least two (2) days***

***in advance of your scheduled appointment.***

|  |  |  |
| --- | --- | --- |
| **E. FAMILY INFORMATION** | | |
|  |  |  |
| FULL NAME (First, Middle, Last) |  |  |
| FATHER'S NAME: |  |  |
| MOTHER'S NAME: |  |  |
| HOME FAX (include area code) |  |  |
| BUSINESS FAX (include area code) |  |  |
|  |  |  |

| **E. FAMILY INFORMATION** | | | |
| --- | --- | --- | --- |
| **CHILDREN OR NEXT OF KIN**: (Please note any adopted children or step-children) | | | |
| NAME  (note relation) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | ADDRESS  (if not at home) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Should children born to or adopted by you after the date of the Will be included? YES  NO 

| **OTHER BENEFICIARIES** (include parents, grandchildren, spouses of children, siblings (brother/sister), relatives, charities or others you might desire to benefit) | | | |
| --- | --- | --- | --- |
| NAME  (note relation) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | ADDRESS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| **F. REPRESENTATIVES** |

Please consider which person(s) you would like to handle your affairs.

Q: WHAT IS A PERSONAL REPRESENTATIVE?

A: The personal representative (known in many other states as the "Executor" or "Administrator") is the person appointed in your Will to be the primary representative of your probate estate. The personal representative will be responsible for administering your probate estate. This includes ascertaining your properties and your liabilities. He must prepare a list of your properties and submit them to the court. After debts have been paid (including estate and inheritance taxes), the personal representative gives his final accounting and makes distributions to the beneficiaries in your Will.

|  |  |  |
| --- | --- | --- |
| **PERSONAL REPRESENTATIVE** | | |
| **FIRST CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **SECOND CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **THIRD CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |

Q: WHAT IS A TRUSTEE?

A: A trustee is an agent who handles property transferred to a trust for the benefit of themselves and/or someone else (the beneficiary). Many clients act as trustees of their own trusts designed to care for their property.

We find that our new estate planning clients frequently misunderstand trusts. A trust can be designed to produce almost any result desired by the client, if the client gives the trustee sufficient funds with which to work. We usually recommend that trustees be given very broad and adaptable powers. The trustee should be able to do what is best for the beneficiary, without being curbed by inappropriate restrictions.

If a trust appears suitable for your estate plan, you will want to be careful in your selection of a trustee. The family member who comes to mind as a logical first choice may not really want to deal with the management of your properties. If a corporate trustee appears appropriate, we will suggest that you have a conference with a representative of a trust department. Further, you should consider giving someone, such as your professional advisors, the power to change trustees.

|  |  |  |
| --- | --- | --- |
| **TRUSTEE** | | |
| **FIRST CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **SECOND CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **THIRD CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |

Q: WHO WILL RAISE MY MINOR CHILDREN AFTER MY DEATH?

A: The other parent. But if the other parent is not living, or there is a common disaster where both parents are killed, this becomes a selection you can make in your Will. If you fail to do so, the court will make the choice for you. Needless to say, you should assume the responsibility of this important decision and not leave it up to a judge.

Clients frequently tell us that they have chosen one of their parents as the "**guardian**" in the event of both clients' deaths. A quick mathematical computation may shed light on the advisability of this choice. For example, assume that the youngest child of the client is 3 years old and the client's parent is 58. When that child is 15 (*i.e.* during a time when parent/child communication can be difficult under the best of conditions), the grandparent will be 70.

Under these circumstances another choice may be better for your child. You should look first to your contemporaries in your families (such as brothers, sisters, or cousins). If none are appropriate, then consider friends with children in the same age range as yours.

If you have planned your estate properly, the guardian should not experience financial strain in raising your children. We usually suggest that upon your death, a trust be established for your minor children. The trustee should be encouraged to make generous distributions to assist the guardian and even provide the funds to pay for any necessary expansion of the guardian's home.

Please list below your choices of a guardian for your minor children:

|  |  |  |
| --- | --- | --- |
| **GUARDIAN OF MINOR CHILDREN** | | |
| **FIRST CHOICE:** | Name |  |
|  | Relationship |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **SECOND CHOICE:** | Name |  |
|  | Relationship |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |

Q: WHAT IS A POWER OF ATTORNEY?

A: A Power of Attorney is an instrument in writing by which a person appoints another as his or her agent and gives that agent the authority to perform certain specified acts or kinds of acts on their behalf. Generally, a Power of Attorney terminates on the disability of the principal. However, Florida law provides for a special kind of Power of Attorney called a "**Durable Power of Attorney**". The Florida legislature substantially amended the law governing the Durable Power of Attorney on October 1, 1995. A Durable Power of Attorney must be in writing and it must include specific language as provided by statute. The Durable Power of Attorney is non-delegable.

If you believe you want a Durable Power of Attorney, please list the person you wish to designate as agent:

|  |  |
| --- | --- |
| **DURABLE POWER OF ATTORNEY** | |
| Name |  |
| Relationship |  |
| Phone | ( ) |
| Street Address |  |
| City/State/Zip Code |  |

Q: WHAT IS A LIVING WILL?

A: A Living Will (also known as a **mercy will** or **Declaration to Physician**) is a document which provides instructions to an attending physician to withhold or withdraw life sustaining procedures in the event of a terminal condition. A Living Will designates another person to make the treatment decision for the declarant, should he/she be diagnosed as suffering from a terminal condition and be comatose, incompetent, or otherwise mentally or physically incapable of communication.

If you wish to have this option of designating an individual to make the decision on your behalf under certain circumstances, please provide the name, address, and telephone number of the person who will make the treatment decision:

|  |  |
| --- | --- |
| **LIVING WILL DECLARATION** | |
| Name |  |
| Relationship |  |
| Phone | ( ) |
| Street Address |  |
| City/State/Zip Code |  |

Q. WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A. Florida law permits a special power of attorney form known as a "Health Care Surrogate Designation" (sometimes referred to as a "**Medical Power of Attorney**"). This document provides that if one becomes incapacitated and is unable to make a rational decision himself or herself regarding health care or medical treatment, the person named in this Designation is authorized to make such decisions. On admission to a health care facility (hospital, nursing home, *etc*.) the facility is required to note in its records whether such a Designation exists, and if it does, the name, address, and phone number of the person designated. Every health care facility has a duty to provide every incoming patient with written information concerning your rights as to health care directives. A health care surrogate only has the power to make decisions for you when you are incapacitated to make your own decisions. Properly designating a health care surrogate does not eliminate your right to give informed consent to medical decisions so long as you remain competent to do so.

If you wish to have this option of designating an individual to make the decision on your behalf under certain circumstances, please provide the name, address, and telephone number of the person who will make the treatment decision:

|  |  |  |
| --- | --- | --- |
| **HEALTH CARE SURROGATE DESIGNATION** | | |
| **FIRST CHOICE:** | Name |  |
|  | Relationship |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **SECOND CHOICE:** | Name |  |
|  | Relationship |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |

Q. WHAT IS A GUARDIAN OF THE PERSON AND PROPERTY?

A. Just as minors need a guardian(s) to oversee their matters, you may need a guardian to oversee your matters if you become incompetent or for some reason you are unable or just do not want to manage your own affairs.

A **guardian of the person** is a person, usually a relative, who is appointed and authorized to oversee your physical well being if you are unable to do so. You can appoint a guardian of your person yourself with an advanced directive provided you are competent when you do so. Without an advanced directive; if you become incompetent, a court proceeding is necessary to determine who your guardian of your person will be.

In addition to the guardian of the person, you can appoint a **guardian of the property** to manage your property. Again you must be competent to appoint your own guardian of your property by way of an advanced directive otherwise a court proceeding is necessary to determine who your guardian of your property will be.

You may designate one person to be the guardian of your person and another person to be your guardian of your property or just one person to be both if you feel that someone can act as both the guardian of your person and your property.

Guardianship is used primarily to help people who are incapable of taking care of their own daily affairs, such as those suffering from senility and other debilitating illnesses. Designated Guardians must reside within the State of Florida.

Please list below your choices of a guardian for yourself:

|  |  |  |
| --- | --- | --- |
| **GUARDIAN OF PERSON & PROPERTY** | | |
| **FIRST CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **SECOND CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |
| **THIRD CHOICE:** | Name |  |
|  | Relationship |  |
|  | Social Security Number |  |
|  | Date of Birth |  |
|  | Phone | ( ) |
|  | Street Address |  |
|  | City/State/Zip Code |  |

|  |
| --- |
| **G. ADVISORS** |

Accountant:

Name:

Company Name:

Address:

Phone Number: ( )

Financial Advisor:

Name:

Company Name:

Address:

Phone Number: ( )

Broker:

Name:

Company Name:

Address:

Phone Number: ( )

Banker:

Name:

Financial Institution:

Address:

Phone Number: ( )

Attorney:

Name:

Company Name:

Address:

Phone Number: ( )

Who may we thank for the referral to this office?

|  |
| --- |
| **H. BURIAL ARRANGEMENTS** |

|  |  |
| --- | --- |
| Do you have a pre-paid funeral plan? | YES  NO  |
| Preferred funeral home, if any: |  |
|  |  |
| Preferred cemetery, if any: |  |
|  |  |
| Cremation? | YES  NO  |

SPECIAL INSTRUCTIONS: (Do you desire special instructions regarding burial or cremation, anatomical gifts, or extraordinary medical care?)

Comments/Instructions:

**WHERE WILL ORIGINAL DOCUMENTS BE STORED?**

Safe Deposit Box YES  NO 

Fireproof Safe YES  NO 

Address of Location: