**SINGLE**

 **WEALTH PRESERVATION QUESTIONNAIRE**

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

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

 **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 this information at the Client Orientation Meeting***

 ***or in no event less than two (2) days before your***

 ***initial meeting with the attorney.***

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** |
| --- |
| 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 FLORIDA IDENTIFICATION CARD NUMBER |  |  |  |
| DATE OF BIRTH (Month/Day/Year) |  |  |  |
| PLACE OF BIRTH (City/State) |  |  |  |
| HEALTH: |  | Good ? Fair ? Poor ? |  |
| RESIDENT OF FLORIDA YES ? SINCE 19\_\_\_\_\_\_\_\_. NO ? |
| HAVE YOU EVER LIVED IN ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEW MEXICO, TEXAS, WASHINGTON, OR WISCONSIN? YES ? NO ? |
| U.S. CITIZEN? |  | YES ? NO ? |  |
| HAVE YOU EVER SIGNED A PRE-MARITAL AGREEMENT? YES ? NO ? |
| If yes, please attach a copy to this booklet if convenient and return the same to our office before your conference, otherwise bring it with you to the initial conference. |
| RETIRED? |  | YES ? NO ? |  |
| OCCUPATION/BUSINESS: |  |  |  |
| BUSINESS ADDRESS: (Street) |  |  |  |
|  (City/State/Zip) |  |  |  |
| BUSINESS PHONE (with area code): |  |  |  |
| CELLULAR PHONE (with area code): |  |  |  |

|  |
| --- |
| **FAMILY TREE** |

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

Child

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

Child

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

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

Child

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

Grandchild

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

Grandchild

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Grandchild

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Grandchild

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Grandchild

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Grandchild

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Grandchild

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Grandchild

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Grandchild

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

Mr/Ms.

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

Sibling

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

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

Sibling

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

Mother

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

Father

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

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

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 prepared for you.
* Other Legal Documents?*Any and all* Power of Attorneys, Living Will Declarations, 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.
* 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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|  |  |  |  | $ |  |  / / |  |  / / |

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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** | **YOUR****PROPERTY** |  | **JOINTLY OWNED** |  | **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)** | $ |  | $ |  |  |  |  **%** |
| **Other Assets:****(a) Automobile(s)** | $ |  | $ |  |  |  |  **%** |
| **(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** |  |  |  |  |  |  | INTEREST RATE |
| Real Estate Mortgages | $ |  | $ |  |  |  |  **%** |
| 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:

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 □

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?

Are you a **beneficiary** or trustee of any trust? YES □ NO □

Do you have a **power of appointment** under any trust? YES □ NO □

Do you anticipate receiving an **inheritance**? 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 as 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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