Amelia Law Group, PLLC
960194 Gateway Boulevard, Suite 101
Fernandina Beach, Florida 32034
(904) 310-9501

Estate Planning Questionnaire

We suggest reading the Estate Planning Overview prior to completing this Questionnaire. Although the Questionnaire is lengthy, your answers provide us with valuable information to assist you in reaching your goals. ***Completing the Questionnaire in its entirety is essential for a more efficient planning process*****.**

SECTION I: PERSONAL INFORMATION

1. CLIENT INFORMATION	
Full Name:	Date of Birth:
Place of Birth:	Social Security No.:
U.S. Citizen ☐ Yes ☐ No	
Other Names Known by:	
Mobile Phone:	Email Address:
Are you presently employed? ☐ Yes ☐ No If Yes, for how long?	
Occupation (former if retired):	
Employer:	Business Address:

2. HOME ADDRESS		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? ☐ Yes ☐ No *If yes, please provide copies*.
2.	Do you have an existing Trust? ☐ Yes ☐ No *If yes, please provide copies*.
3.	Have you previously been married? ☐ Yes ☐No ☐ Divorced ☐ Widowed Date of marriage: _____ If divorced, please provide any continuing obligations under a divorce decree such as **alimony/child support/etc**.
4.	Do you currently have a prenuptial agreement? ☐ Yes ☐ No *If yes, please provide copies*.
5.	Please indicate your state of domicile _____ and the date established _____. Do you spend more than a nominal amount of time in another state or country? Please identify.
6.	Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was $3,000 until 1982, then $10,000, with modest increases beginning in 2002.) ☐ Yes ☐ No If Yes, list amounts by years below or on the reverse side: Year ____ Amount: $ _____ ☐ Yes ☐No Year ____ Amount: $ _____ ☐ Yes ☐No
7.	Have you ever filed a gift tax return (IRS Form 709)? ☐ Yes ☐ No
8.	Are you receiving, or will you receive an annuity? ☐ Yes ☐ No If Yes, to whom will the payments be made? _____ How long will payments be made? ☐ Life ☐ Fixed Term ☐ Joint Lives If Fixed Term, for how long? _____ Amount of each payment? $_____
9.	Have you received, or do you expect to receive, any inheritances? ☐ Yes ☐ No
10.	Do you have any interest under a Will or Trust of another person, including a power of appointment? ☐ Yes ☐ No
11.	Are you a Trustee of any Trust? ☐ Yes ☐ No
12.	Have you received, or do you anticipate receiving any gifts or bequests from someone who expatriated from the US or is a non-US resident? ☐ Yes ☐ No
13.	Have you ever filed a corporate or partnership tax return? ☐ Yes ☐ No
14.	Do you hold stock in a closely-held corporation? ☐ Yes ☐ No
15.	Are you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? ☐ Yes ☐ No

16. Please check any of the following states in which you have lived or acquired property (if applicable):

☐ Arizona ☐ Idaho ☐ Nevada ☐ Texas ☐ Wisconsin ☐ California ☐ Louisiana

☐ New Mexico ☐ Washington ☐ None

17. Do you own any property in a foreign country? ☐ Yes ☐ No

If Yes, which country?

18. Do you own any real estate in joint names acquired before 1977? ☐ Yes ☐ No

19. Do you have any medical issues we should be aware of for planning purposes?

☐ Yes ☐ No Brief Description:

20. Do you have long term care insurance? ☐ Yes ☐ No

Do you have disability insurance? ☐ Yes ☐ No

Do you have liability insurance? ☐ Yes ☐ No

21. **Do you wish to be cremated?** ☐ Yes ☐ No If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.

22. **Please provide us with a narrative of how you envision your assets passing upon your death:**

- _____

_____

_____

_____

*If needed please attached an additional sheet. (Check here if attaching separate sheet ☐)

23. For all **tangible personal property** (automobiles, clothing, furniture, pictures, etc.) not distributed to a specific person below is to be distributed to:

☐ Only Living children

☐ Children and grandchildren (if child is deceased)

☐ Other (specify): _____

_____

24. **Do you wish to make any specific gifts of tangible property, cash, or real estate to any persons or charities?**

To whom	Address	Asset/Amount

SECTION III: BENEFICIARY INFORMATION

Names of living children as they are to appear in your documents (attach additional pages if necessary)
*If no children, use this section to provide other beneficiary information

1.	Name: _____ ☐ Not a child	Date of Birth: _____ Phone: _____ Street Address: _____ City/State/Zip: _____
Married? ☐ Yes ☐ No Spouse's Name:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

2.	Name: _____ ☐ Not a child	Date of Birth: _____ Phone: _____ Street Address: _____ City/State/Zip: _____
Married? ☐ Yes ☐ No Spouse's Name:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

3.	Name: _____ ☐ Not a child	Date of Birth: _____ Phone: _____ Street Address: _____ City/State/Zip: _____
Married? ☐ Yes ☐ No Spouse's Name:		
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:		
Names:		Ages:

4.	Name:_____ ☐ Not a child	Date of Birth: _____ Phone: _____ Street Address: _____ City/State/Zip: _____

Married? ☐ Yes ☐ No Spouse's Name:	
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:	
Names:	Ages:

Do you have any children who have predeceased you? ☐ **Yes** ☐ **No** If yes, list information below:	
Name of deceased child: _____	
Married at death? ☐ Yes ☐ No If Yes, please provide name:	
Grandchildren? ☐ Yes ☐ No If Yes, please provide names and ages below:	
Names:	Ages:

Do you have any children or grandchildren who are adopted? ☐ **Yes** ☐ **No**

SECTION IV: DISTRIBUTION OF ASSETS

1.	Do you have relatives dependent upon you for support? ☐ Yes ☐ No If Yes, give names and relationships:
2.	Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? ☐ Yes ☐ No
3.	Do you have any children or grandchildren attending private school, college, or graduate school? ☐ Yes ☐ No
4.	Do you have any relative who regularly incurs significant medical bills? ☐ Yes ☐ No
5.	Does any member of your family have SPECIAL NEEDS or receive medical benefits from State or Federal government? ☐ Yes ☐ No
6.	Do you believe any beneficiaries' share should be held in trust until they reach a certain age (25/30/35)? ☐ Yes ☐ No
7.	Are you concerned that any beneficiary is likely to become divorced in the future? ☐ Yes ☐ No

SECTION V: FIDUCIARIES

In the following section, you will provide us information for the individuals you wish to nominate to serve in the various roles provided below. A child, sibling or close friend are options for these positions. We recommend you name at least one successor if the initial person you nominated is unable to serve. Often the same individual will be appointed to serve in multiple positions.

If you would like to name additional successors, please insert additional successor information on last page of this form.

1. **Who will serve as personal representative/executor for you?**

   First Choice: _____ Relation: _____
   Street Address/City/State: _____ Phone Number: _____

   Second
   (Alternate) Choice: _____ Relation: _____
   Street Address/City/State: _____ Phone Number: _____

   Do you wish for your choices to serve with one another as Co-Personal Representatives? ☐

2. **Who will serve as Trustee for you?**

   First Choice: _____ Relation: _____
   Street Address/City/State: _____ Phone Number: _____

   Second
   (Alternate) Choice: _____ Relation: _____
   Street Address/City/State: _____ Phone Number: _____

   Do you wish for your choices to serve with one another as Co-Trustees? ☐

3. **Who will serve as guardian of your minor children (if applicable)?**

   Name: _____ Relation: _____
   Street Address/ City/State: _____
   Phone Number: _____

   Alternate (if above person(s) unable to serve):
   Name: _____ Relation: _____
   Street Address/ City/State: _____
   Phone Number: _____

4.	**Who will serve as <u>attorney-in-fact</u> under a durable power of attorney?** **First Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____ **Second** **(Alternate) Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____
5.	**Who will serve as <u>health care surrogate/agent</u> (person to make medical decisions)?** **First Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____ **Second** **(Alternate) Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____
6.	Do you want a **<u>Living Will</u>** to address end of life issues? Do you want the <u>same persons named as your health care surrogate</u> to carry out your <u>last</u> wishes in your Living Will? ☐ Yes ☐ No ☐ Yes ☐ No
7.	Who would you like to serve as your **<u>court-appointed guardian</u>**, should one ever need to be appointed by the court? **First Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____ **Second** **(Alternate) Choice**: _____ Relation: _____ Street Address/City/State: _____ Phone Number: _____

SECTION VI: FINANCIAL INFORMATION

*Please attach an additional sheet if needed.

Assets **(Estimate Current Fair Market Value)**	**In Your Name or Your Trust**	**Owned Jointly**
1. Principal Residence	**$**	**$**
2. Other Real Estate *attach separate list if needed*	**$**	**$**
	$	**$**
	$	**$**
3. Mineral Interests	**$**	**$**
4. Checking Account(s)	**$**	**$**
5. Savings Account(s)	**$**	**$**
6. Certificates of Deposit(s)	**$**	**$**
7. Brokerage Account(s)	**$**	**$**
	$	**$**
8. Other Securities	**$**	**$**
9. Business Interests	**$**	**$**
10. Notes Receivable	**$**	**$**
11. Personal Effects & Furnishings	**$**	**$**
12. Automobiles	**$**	**$**
13. Other	**$**	**$**
Total Assets	**$**	**$**

Liabilities	**Your Name Only**	**Contingent Liabilities**	**Owned Jointly**
Home Mortgage	$	$	$
Other Mortgages	$	$	$
Other Loans	$	$	$
Total Liabilities	$	$	$
NET ASSETS	$	$	$

Profit Sharing, IRA, Pension Plans, 401k, Etc.

OWNER	DESCRIPTION	PRIMARY BENEFICIARY	SECONDARY BENEFICIARY	CURRENT VALUE
				$
				$
				$
				$

TOTAL RETIREMENT BENEFITS: $ _____

Life Insurance

Type (e.g., term, group, whole life, accidental)	Face Amount of Death Benefit	Approximate Cash Value	Owner	Insured	Primary Beneficiary	Secondary Beneficiary
	$					
	$					
	$					
	$					
	$					
	$					

TOTAL INSURANCE: $ _____

$		$		$		$
NET ASSETS	**+**	**COMBINED TOTAL RETIREMENT BENEFITS**	**+**	**COMBINED TOTAL INSURANCE**	**=**	**TOTAL**

SECTION VII: PROFESSIONAL ADVISORS

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

**All information provided on this form will be treated as privileged and confidential.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT AMELIA LAW GROUP, PLLC IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY AMELIA LAW GROUP, PLLC.

Signature _____ Date: _____

SECTION V: FIDUCIARIES (cont'd.)