

**ESTATE PLANNING QUESTIONNAIRE
FOR USE BY MELANSON LAW PA**

Your appointment is at _____ on _____, 2015. Bring this completed form and your current estate planning documents to our office at or before your scheduled meeting time. Please complete this form to the best of your ability before the appointment. **Without the fully completed questionnaire, we may be unable to discuss your situation with you and may need to reschedule your appointment.**

Whom may we thank for your referral to our firm?

PERSONAL INFORMATION

Please write out the names as you would like them to appear on your documents.

1. Name (**CLIENT 1**): _____
2. CLIENT 1 date/place of birth: _____
3. Spouse's name (**CLIENT 2**): _____
4. CLIENT 2 date/place of birth: _____
5. Home address: _____
6. Home telephone number: _____
7. Work telephone number: _____
8. Mobile telephone number: _____
9. E-mail address: _____
10. CLIENT 1 employer: _____
11. CLIENT 2 employer: _____
12. Are you a resident of Florida? Yes No If yes, since _____
13. Retired? Yes No
14. Marital Status: Single Divorced Married Widowed
Date of Marriage: _____ Place of Marriage: _____
15. If widowed, please complete the following regarding your deceased spouse:
Name: _____
Date of death: _____
State/City/County of death: _____
Birthdate: _____

16. If you have a financial planner, please list their contact information here:

Name: _____
Company: _____
Phone number: _____

17. If you have an accountant, please list their contact information here:

Name: _____
Company: _____
Phone number: _____

WILL

18. CHILDREN: Please list all children. Also list children who predecease you, if any, and their children.

CLIENT 1 CHILDREN:

CLIENT 2 CHILDREN:

Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____	Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____
Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____	Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____

Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____	Name: _____ Date of birth: _____ Address: _____ _____ Telephone number: _____ Spouse's name: _____ Children's names/ages: _____ _____
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19. OTHER BENEFICIARIES: Please list the names and addresses of beneficiaries other than children. If you are leaving funds to a charity, please provide the complete name, address, and telephone number for the charity. Please call the charity's office and ask them to send you a copy of their IRS 501(c)(3) letter, and bring that to your appointment.

CLIENT 1 BENEFICIARIES:

CLIENT 2 BENEFICIARIES:

Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____

20. Do you have any pets? Yes No

Have you made arrangements for your pet at your death? Yes No

21. Are any of your children adopted? Yes No

22. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare, or another benefit? Yes No

If yes, please indicate the type and the amount:

23. Do you have any certain personal items, property, or gifts that you would like to leave to specific people?

CLIENT 1:

CLIENT 2:

I give: _____ To: _____ Relationship: _____ Address: _____ _____	I give: _____ To: _____ Relationship: _____ Address: _____ _____
I give: _____ To: _____ Relationship: _____ Address: _____ _____	I give: _____ To: _____ Relationship: _____ Address: _____ _____
I give: _____ To: _____ Relationship: _____ Address: _____ _____	I give: _____ To: _____ Relationship: _____ Address: _____ _____
I give: _____ To: _____ Relationship: _____ Address: _____ _____	I give: _____ To: _____ Relationship: _____ Address: _____ _____

24. Your desired funeral arrangements:

- a. Do you have any present arrangements? Yes No
- b. Do you have a pre-paid funeral plan? Yes No

c. Preferred funeral home (if any):

Name: _____

Location: _____

25. Do you desire cremation? CLIENT 1: Yes No

CLIENT 2: Yes No

26. Who do you want to serve as your personal representative (Executor of Will)? This person is responsible for making sure that the wishes expressed in your will are carried out according to law. **This person must be: over the age of 18, legally able to sign a contract, not a convicted felon, and either a Florida resident OR a blood relative.** It is important to specify an alternate personal representative, especially if your first choice is your spouse or someone older than you, as they may not be available at the time your estate is probated. If you do not specify a personal representative, the Court will appoint one for you, typically a family member for whom it is most convenient, or an attorney who routinely handles estates.

CLIENT 1 PR:

CLIENT 2 PR:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Telephone number: _____	Telephone number: _____

27. If the above named cannot serve for any reason, who would be your next choice?

CLIENT 1 PR:

CLIENT 2 PR:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Telephone number: _____	Telephone number: _____
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Telephone number: _____	Telephone number: _____

DURABLE POWER OF ATTORNEY

Durable Power of Attorney: A document for your agent to handle all financial aspects for you during your lifetime, including if you are unable to do so.

28. Who would you want to manage your assets (name as your Power of Attorney)? List in order of priority. Please note if you want your agents to act cooperatively.

CLIENT 1:

CLIENT 2:

<u>First Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>First Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
<u>Second Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>Second Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
<u>Third Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>Third Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____

HIPAA

HIPAA Authorization: A document that allows the people listed to have access to your health information.

29. Who do you wish to have access to your health information (in no particular order)?

CLIENT 1:

CLIENT 2:

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

COMPREHENSIVE ADVANCE HEALTH CARE DIRECTIVE

A Living Will: A document indicating that you do not want unnecessary life support systems to sustain your life, should you have an incurable or irreversible condition that would otherwise cause death in a short period of time.

Designation of Health Care Surrogate: A document that will indicate who will make health care decisions for you if you are unable.

30. Life Sustaining Procedures You Authorize to be Withheld:

- CLIENT 1: Respiration: [] Yes [] No
 Nutrition (Feeding Tube): [] Yes [] No
 Hydration (IV): [] Yes [] No
- CLIENT 2: Respiration: [] Yes [] No
 Nutrition (Feeding Tube): [] Yes [] No
 Hydration (IV): [] Yes [] No

31. Who do you wish to act as your health care surrogate/agent?

CLIENT 1:

CLIENT 2:

<u>First Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>First Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
<u>Second Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>Second Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____
<u>Third Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____	<u>Third Agent:</u> Name: _____ Relationship: _____ Address: _____ _____ Telephone number: _____

ASSET INFORMATION

32. Real Estate: If you own real estate, please list the address in the appropriate space(s) below. Indicate how it's owned, if you know (Sole Owner, Joint Tenant, Tenant in Common, Tenant By the Entirety, etc.). Please bring a copy of the deed, if you have it.

CLIENT 1:

CLIENT 2:

<u>Primary Residence:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____	<u>Primary Residence:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____
<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____	<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____
<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____	<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____
<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____	<u>Other Real Estate:</u> Address: _____ _____ Owned as: _____ Approximate market value: _____

33. Mortgages: Do you currently hold a mortgage on your home or any other residences? If so, please list it here.

CLIENT 1:

CLIENT 2:

Bank: _____ Account #: _____ Property Mortgaged: _____ _____ Amount owed: _____	Bank: _____ Account #: _____ Property Mortgaged: _____ _____ Amount owed: _____
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Bank: _____	Bank: _____
Account #: _____	Account #: _____
Property Mortgaged: _____	Property Mortgaged: _____
_____	_____
Amount owed: _____	Amount owed: _____

34. Bank Accounts: Please list all bank accounts in your name, indicating whether they are “Held As” a single name, joint accounts, in Trust for, or custodial accounts. If you don’t know which kind it is, make a copy of the first page of your last statement, and this may help us figure it out. All accounts should be listed, including those held jointly with a spouse, a child, grandchild, sibling, or other person. If the account is a certificate of deposit, please note “CD” next to the listing. Not all assets are considered part of your estate, but you should list them here so that we may review them.

CLIENT 1 BANK ACCOUNTS:

CLIENT 2 BANK ACCOUNTS:

Bank: _____	Bank: _____
Account # (or last four digits): _____	Account # (or last four digits): _____
Names on Account: _____	Names on Account: _____
_____	_____
Held as: _____	Held as: _____
Bank: _____	Bank: _____
Account # (or last four digits): _____	Account # (or last four digits): _____
Names on Account: _____	Names on Account: _____
_____	_____
Held as: _____	Held as: _____
Bank: _____	Bank: _____
Account # (or last four digits): _____	Account # (or last four digits): _____
Names on Account: _____	Names on Account: _____
_____	_____
Held as: _____	Held as: _____
Bank: _____	Bank: _____
Account # (or last four digits): _____	Account # (or last four digits): _____
Names on Account: _____	Names on Account: _____
_____	_____
Held as: _____	Held as: _____

35. Stocks, Bonds, & Mutual Funds: List all stocks, bonds, mutual funds, and savings bonds you own. If you own stocks or bonds, do you hold the certificates?

CLIENT 1:

CLIENT 2:

Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____	Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____
Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____	Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____
Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____	Company/fund: _____ # of shares: _____ Price paid: _____ Current value: _____ Name on Certificate: _____

36. Annuities: List any annuities you hold, including pensions that will pay a fixed monthly amount over time. If you don't know, find out if the annuity guarantees a minimum number of payments if you should die soon after it starts paying.

CLIENT 1:

CLIENT 2:

Company: _____ Current value: _____ When it began paying: _____ Monthly payment amount: _____ Beneficiary: _____	Company: _____ Current value: _____ When it began paying: _____ Monthly payment amount: _____ Beneficiary: _____
Company: _____ Current value: _____ When it began paying: _____ Monthly payment amount: _____ Beneficiary: _____	Company: _____ Current value: _____ When it began paying: _____ Monthly payment amount: _____ Beneficiary: _____

37. Retirement Accounts: Please list all IRAs (Individual Retirement Accounts), Keogh Plans, or other retirement accounts over which you have access to the principal.

CLIENT 1:

CLIENT 2:

Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____	Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____
Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____	Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____
Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____	Bank: _____ Custodian Account #: _____ Whose Account?: _____ Balance benefit upon death: _____

38. Life Insurance: Please list all life insurance policies.

CLIENT 1:

CLIENT 2:

Name of company: _____ Name of insured: _____ Policy number: _____ Death/face value: _____ Cash value: _____ Beneficiary: _____	Name of company: _____ Name of insured: _____ Policy number: _____ Death/face value: _____ Cash value: _____ Beneficiary: _____
Name of company: _____ Name of insured: _____ Policy number: _____ Death/face value: _____ Cash value: _____ Beneficiary: _____	Name of company: _____ Name of insured: _____ Policy number: _____ Death/face value: _____ Cash value: _____ Beneficiary: _____

39. Motor Vehicles: Indicate here whether you own any motor vehicles.

CLIENT 1:

CLIENT 2:

Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No
Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No
Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make/model/year: _____ Registered to: _____ Estimated value: _____ Paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No

40. Do you have a safe deposit box?

CLIENT 1: Yes No

Bank: _____
 Branch location: _____
 In whose name?: _____
 Other agent: _____
 Contents and estimated value: _____

CLIENT 2: Yes No

Bank: _____
 Branch location: _____
 In whose name?: _____
 Other agent: _____
 Contents and estimated value: _____

DEBTS

41. Debts Owed to Me: Do you currently hold a mortgage to property you sold to someone else? Do you have any other outstanding loans owed to you? Are they secured against property? Is the party who owes the money to you also a beneficiary under the will that you want to prepare? If so, do you want that individual to repay the bill, or should the bill be forgiven?

CLIENT 1:

CLIENT 2:

Debtor: _____	Debtor: _____
Description: _____	Description: _____
Security/property: _____	Security/property: _____
Balance due: _____	Balance due: _____
Debtor: _____	Debtor: _____
Description: _____	Description: _____
Security/property: _____	Security/property: _____
Balance due: _____	Balance due: _____

42. Debts Owed by Me: Do you owe money to anyone? Do not include a mortgage here. If you currently hold a mortgage, please list it under number 33.

CLIENT 1:

CLIENT 2:

Name: _____	Name: _____
Description: _____	Description: _____
Balance due: _____	Balance due: _____
Name: _____	Name: _____
Description: _____	Description: _____
Balance due: _____	Balance due: _____
Name: _____	Name: _____
Description: _____	Description: _____
Balance due: _____	Balance due: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CLIENT 1 Signature

Date

CLIENT 2 Signature

Date