



toll free: 866-265-8100 | info@HillLawGroup.com  
 local: 727-343-8959 | HillLawGroup.com  
 fax: 727-384-2437

## ESTATE PLANNING QUESTIONNAIRE

Please complete this First page for each person who would like an estate planning document. If the information on remaining pages is different, please complete all for each person.

Your Name \_\_\_\_\_

Name as it appears on your Driver's License or ID \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. (Last 4 #s ONLY for security) XXX-XX-\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Which the best way to communicate with you? \_\_\_Phone \_\_\_Email \_\_\_Text

How did you hear about this office? \_\_\_Internet \_\_\_Seminar \_\_\_Person,

Name \_\_\_\_\_ (please share so we can thank them)

Spouse/Partner Name \_\_\_\_\_

Married? Yes  No  Date of Marriage \_\_\_\_\_

Your Children's Names	Year of Birth	Natural?	Living?

Have you been married before? Yes  No  How did it end? \_\_\_\_\_

Have you ever made an estate plan? Yes  No

Do you own any real estate by yourself or jointly with someone else? Yes  No

Real estate in Florida Value \$ \_\_\_\_\_ Who owns? \_\_\_\_\_

Real estate in other states, State: \_\_\_\_\_ Value \$ \_\_\_\_\_

Do you have any bank accounts? Yes  No  (Savings, checking, money market, safe deposit box, certificates of deposit)

If yes, indicate value and location \_\_\_\_\_

Interests in businesses you have \_\_\_\_\_

Insurance policies (indicate company, face value and named beneficiary) \_\_\_\_\_

Other financial information \_\_\_\_\_

Total net value of your entire estate: \$ \_\_\_\_\_

Primary Beneficiary(ies) of your estate:

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

Alternate Beneficiary(ies):

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

Do you plan to leave gifts to charities? Yes  No

Which charities or charity purposes?

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

Do you want to give any Specific gifts to people?

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

Are any of your beneficiaries disabled? Yes  No

If yes, who? \_\_\_\_\_

Is there a specific person you wish to **disinherit or purposely leave out**?

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

**Who do you want as Personal Representative (Executor)?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**For people with minor beneficiaries only:**

**Trustee for Minors (to manage their money)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**If they are your children, who would be the Guardian to raise them?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**Have you made funeral/burial/cremation arrangements with anyone? Yes  No**

If yes, what type of arrangements? \_\_\_\_\_

What organization are your arrangements with and where? \_\_\_\_\_

\_\_\_\_\_

Do you have any specific desires about your final arrangements? Yes  No  (Such as a military funeral, no funeral, certain religious ceremony) \_\_\_\_\_

\_\_\_\_\_

**Who would you name as your agent on your Durable Power of Attorney?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**Do you wish to have a Living Will? Yes  No**

**Do you wish to name a Health Care Surrogate? Yes  No**

**Who would you designate as your Health Care Surrogate?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**Additional Questions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Estate Planning Documents Information

If you can, please provide the information below for each person you want named in your Estate Planning documents, whether as representative or as beneficiary. Please feel free to copy this page if you need to name additional people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_\_) \_\_\_\_\_

## Definitions to Help You

**Beneficiaries are the people who will receive your assets.** You may direct that your entire estate will go to one or more people or organizations. Additionally, you may make specific gifts of sums of money or certain assets to a specific person, or persons, or organizations. If you make specific gifts, you also must designate who will receive the rest of your assets.

**Primary Beneficiary(ies):** Those who you wish to leave the bulk of your assets (after specific gifts are made) so long as they survive you.

**Alternate Beneficiary(ies):** If your primary beneficiaries do not survive you then these are the recipients you choose.

**Durable Power of Attorney** gives someone the right to act on your behalf for many or all of your financial matters. They can act “in your shoes” beginning the day you execute the document. A power of attorney is a strong document and should name only those who are fully trustworthy.

**Guardian.** Person to be appointed by the Court to be guardian of the person of your minor children or grandchildren. The courts first look to who you designate in your will.

**Personal Representative or Executor.** This is the person who will carry out the terms of your will once you pass away. They must be mentally competent, over 18 years of age and cannot be convicted of a felony. If they are your surviving spouse, or a blood relative, or the spouse of a blood relative they do not have to be a resident of Florida to serve as a personal representative; if they are not, they must be a resident of Florida or a Florida bank with trust powers.

**Probate** is the court process of making sure all assets in your name alone are properly distributed (according to your will or Florida law) after dealing with creditors and taxes. It is not private and can be costly but it is possible to avoid probate with trusts and other tools.

**Living Will** tells others that you do not want to be kept alive by artificial means if you have an *end stage condition*, are *terminally ill*, or are in a *chronic vegetative state*.

**Specific Gift** is a specific asset that you leave to one or more persons. For instance, a specific sum of money, a vehicle, a certain stock, or other large personal property gifts.

**Separate Writing** is a list you may prepare at any time that designates certain personal property items for individuals. An example would be, “my mother’s wedding ring.” We provide a blank separate writing for you to complete after executing your estate documents.

**Special Needs Trust** is a trust created for a disabled individual to help them without causing them to lose public benefits. This trust can be a part of a Will or Trust, or a separate trust.

**Testamentary Trust.** Especially if you have minor children or people who cannot manage money, a trustee could control that person’s share until they reach a certain age, without the need for court involvement.

**Trust** is a legal document that allows you to hold assets in the name of a trust. With proper planning a well drafted trust can help reduce estate challenges, taxes and estate expenses.

**Will** is a document that directs where your assets are to go on your death.