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Estate Planning Questionnaire

Please complete this form for each person who would like an estate planning document.

Name _____

Street Address _____

City _____ State _____ Zip _____

Place of Birth _____ Date of Birth _____

Social Security Number _____

Home Phone No. _____ Work Phone No. _____

Cell Number _____ Fax Number _____

E-Mail Address _____

Which the best way to communicate with you? ___ Phone ___ Email

How did you hear about this office? ___ internet ___ advertisement ___ friend ___ Attorney ___

Other (if a person) Name _____

Husband/Wife Name _____

Place of Marriage: _____ Date of Marriage _____

Your Children's Names _____ Dates of Birth _____

If a child has died, was he or she survived by children? Yes No

Names, ages and addresses of these grandchildren _____

Any prior marriages? (if so, how did they end?) _____

Have you ever made a prior will or trust? Yes No

If yes, When? _____ Where? _____

Was it revoked? Yes No

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

If yes, Real estate in Florida _____

Value _____ Who owns? _____

Real estate in other states _____

Value _____ Who owns? _____

If you own any real estate, please bring a copy of the deeds with you to your estate planning interview with the attorney.

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

If yes, indicate value and location. _____

Describe any interests in businesses you have _____

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

Other financial information _____

Beneficiaries. You may direct that your entire estate will go to one or more persons 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): Who do you wish to leave the bulk of your assets (after specific gifts are made) to? (Use the back side of this paper if needed)

Alternate Beneficiaries: If your primary beneficiary(ies) does not survive you then who should be the recipients of your assets? If any recipient should dies before you do is a blood relative, his or her gift shall go to his or her children unless you specify otherwise:

It is not necessary to make gifts of tangible personal property (jewelry, furniture, gun collections, etc.) in your will. If you choose to do so, then it is better to make these gifts in a separate writing or list.

I would _____ would not _____ like to make gifts of personal property.

Give a full description and value of any of the following you wish to give specifically: jewelry, stamp or coin collections, boats, autos, mortgages, leases, interests in other estates, etc.

Do you wish to make a **Specific gift** to one or more persons?, for instance a specific sum of money, a vehicle or other large personal property gifts?:

Do you have a child or other relative that you wish to **disinherit**? If so, indicate below.

Are any named beneficiaries disabled? _____ If yes, who? _____

Personal Representative. This is the person to 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.

Name: _____ Relationship _____

Alternate: _____ Relationship _____

2nd Alternate: _____ Relationship _____

For people with minor children only:

Guardian. Person to be appointed by the Court to be guardian of the person of your minor children or grandchildren, if it should be necessary:

Name: _____

Alternate Guardian. In the event that the named guardian cannot serve:

Name: _____

Testamentary Trust. Especially if you have minor children or minor children could be the beneficiaries of a part of your estate, a trustee could control the child's share until they reach a certain age, often avoiding the need for court involvement. In the event that you desire to leave assets to someone who could be a minor please complete the following:

Trustee Name: _____

Alternate Trustee Name: _____

At what age (or at what event) do you want the Trustee to distribute the assets to the beneficiary free of trust? _____

Who should receive the assets of the trust if the beneficiary of the trust should die before the assets are distributed to him or her?

Do you have any legal obligations to be paid from your estate, such as child support or alimony?

Yes No

Do you have a pre-nuptial agreement with your spouse?

Yes No

Have you or your spouse ever owned property in a community property state? (Louisiana, Nevada, Idaho, Wisconsin, Arizona, Montana, California, Washington or Texas)

Yes No

Do you have any powers of appointment from anybody else to be exercised by designation in your will?

Yes No

Funeral/Burial/Cremation Arrangements

Each person often has strong feelings about the disposition of their body after death. For this reason it is important to express one's wishes in writing. Some people wish to include them in their Last Will while others do not. If you wish to include this information, please complete below:

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

If yes, what type of arrangements? _____

What organization are your arrangements with? _____

Location? _____

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

A **Power of Attorney** will give 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.

Do you wish to have a Power of Attorney Yes No

Name: _____ Relationship _____

Alternate: _____ Relationship _____

2nd Alternate: _____ Relationship _____

The questions below are about things that could happen while you are still alive. They are particularly important if something happens that causes you to be unable to tell others what your wishes are.

Directives about your body and your care:

A **Living Will** states 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*. You can, but are not required to choose to have a living will under one or all of these circumstances and you can make specific requests under each condition.

Do wish to have a living will? Yes No

You can choose to have a **general** living will or one that states your choices under **specific** circumstances as outlined below.

Do wish to have a General or Specific living will? If specific please complete below. Understand that we will review this form together when we meet.

(Under each condition mark your initials for each treatment you choose to REFUSE)

	End-stage condition	Terminal condition	Persistent vegetative st.
Antibiotics			
CPR			
Hospitalization (except for broken bones)			
Dialysis			
Intravenous Feeding (short term)			
Life Support / Respirator			
Surgery			
Tube Feedings			

The **Designation of Health Care Surrogate** allows you to designate someone (and one or more alternates) to make health care decisions for you if you are unable to make them yourself.

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

Health Care Surrogate (HCS) Name: _____

Alternate Health Care Surrogate (HCS) Name: _____

Estate Planning Documents Information

Please provide the information below in regard to each person who will be named in your Estate Planning documents, whether as representative or as beneficiary. This information can also be emailed to our office at info@hilllawgroup.com.

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: _____

Street Address: _____

City, State, Zip: _____

Primary phone (____) _____ Alternate phone (____) _____

