

# ESTATE PLANNING QUESTIONNAIRE

**Please Print**

Date: \_\_\_\_\_

**A. NAMES, ADDRESSES, CHILDREN, MARRIAGES; OTHER GENERAL INFORMATION**

FULL NAME: \_\_\_\_\_ U.S. CITIZEN? Yes No

Florida Resident? Yes No DATE OF BIRTH: \_\_\_\_\_ S.S. # (Last Four ONLY) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Retired? Yes No Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_ U.S. CITIZEN? Yes No

Florida Resident? Yes No DATE OF BIRTH: \_\_\_\_\_ S.S. # (Last Four ONLY) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Retired? Yes No Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ALTERNATIVE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**Reason for visit today:** \_\_\_\_\_

1. Do you have a Prenuptial or Postnuptial Agreement? YES NO N/A (if yes, please circle which one.)

2. Please circle the approximate size of your estate (including insurance).

Under \$100,000

\$100,000 to \$500,000

\$500,000 to \$1,000,000

\$1,000,000 to \$2,000,000

\$2,000,000 to \$5,000,000

Over \$5,000,000

3. Do you have existing Estate Planning documents? YES NO (if yes, please circle which one.)

Attorney Initials \_\_\_\_\_

4. Who is your primary Physician?

a. Client: \_\_\_\_\_

b. Spouse: \_\_\_\_\_

5. If you are presently married, have you during this marriage lived in one of the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?

YES NO N/A Which State? \_\_\_\_\_

6. Client: Cremation Traditional Burial Leave Open Memorial Service

7. Spouse: Cremation Traditional Burial Leave Open Memorial Service

8. Please list any cemetery and/or funeral arrangements that you have already made.

9. PLEASE LIST ALL CHILDREN: It is important that all of your children be listed, whether they are (i) biological or adopted children, (ii) children of a present marriage, a prior marriage, or born out of wedlock, and (iii) even though they may have been adopted by someone else.

	NAME & ADDRESS	PHONE NUMBER	Marital status	D.O.B	Child of		
					C	S	Both
1		Home: Cell:					
2		Home: Cell:					
3		Home: Cell:					
4		Home: Cell:					
5		Home: Cell:					
6		Home: Cell:					

9. Names of any deceased children: \_\_\_\_\_

If Yes, Did they leave any descendants? \_\_\_\_\_

10. Any children with disabilities or special needs: \_\_\_\_\_

Attorney Initials \_\_\_\_\_