# **Estate Planning Organizer**

This information is held in strict confidence and will not be released without the client's permission.

Please complete the Estate Planning Organizer before your appointment as best you are able. Call 813-739-8915 if you have questions before your appointment. Please Print.

Date
YOU:
Name:
Street:
City/State/Zip:
Home Phone:
Other Phone:
Email:
Age:
Age:
US Citizen? YES NO Profession:
Married How long?
Single
Divorced When?
Widowed When?
First Marriage? If not, is previous spouse alive?
If married, do you have a marital agreement?
If so, please bring a copy to the appointment.
Do you have any wills or trusts?

SPOUSE (if living):
Name:
Street:
City/State/Zip:
Home Phone:
Other Phone:
Email:
Age:
Age: Full time Florida resident? YES NO
Tan ame Honda resident. TES 110
US Citizen? YES NO
Profession:
Married How long?
Single
Divorced When?
Widowed When?
First Marriage?
If not, is previous spouse alive?
If married, do you have a marital agreement?
If so, please bring a copy to the appointment.
Do you have any wills or trusts?
If yes, please bring copies to the appointment.

### CHILDREN AND OTHER BENEFICIARIES:

Please list all beneficiaries. Name ALL of your natural and adopted children even if they will not receive any part of the estate. If you do not have children include all who would inherit your estate if you died without a will, even if they will receive nothing from you.

1.	Name:	
	Age:	Relationship:
	Parent:	
2.	Name:	
	Age:	Relationship:
	•	
3.	Name:	
	Age:	Relationship:
	Parent:	<u>-</u>
4.	Name:	
	Age:	Relationship:
		<u>-</u>
5.	Name:	
	Age:	Relationship:
	_	
6	Name	
0.	Δ σε·	Relationshin
6.	Age:	Relationship:

#### YOUR PLANS BEFORE DEATH:

Do you live: Alone?	As a married couple?
Who else lives in your househo	ld?
	t gifts to individuals <i>before</i> your death?
Do you plan to make significan	t gifts to charities <i>before</i> your death?
	rson in excess of \$12,000.00 in any calendar year?
When?	How Much?
Do you anticipate an inheritance From whom? How much?	when?
Present Benefits:	created by another?
Do you have long term health i	nsurance?
Do you have these documents:  Durable Power of Attor Living Wills?  Health Care Surrogate?  Pre-need Guardian?  If so, Please bring them	

# YOUR ESTATE AFTER YOUR DEATH:

How would you like to distribute your estate after your death?
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If any beneficiary dies <i>before</i> you (and your spouse) do you want the beneficiary's children to inherit the beneficiary's share? (For example, if your child dies do you want his or her child to inherit that share of the estate?)
Do you wish to disinherit anyone? Who?
Their relationship to you:
Who will administer your estate or trust after your death?
What is the administrator's relationship to you?
Where does the administrator live?
Alternate administrator if needed:
What is the alternative dministrator's relationship to you?
Where does the alternative administrator live?
If you have dependents, who will be the guardian if necessary?
What is the guardian's relationship to you?
Alternative guardian if needed:
What is the alternative guardian's relationship to you?
Are you concerned about estate taxes at your death?
What are your other concerns, estate planning and otherwise?

#### **ASSETS:**

You may provide a financial statement in lieu of this form. Be sure to note any accounts in joint names with others, or with a pay on death provision, in trust for status, or beneficiary designation. The accounts will not be governed by your will or trust.

	Residence/Home: Value: Owner(s):		
v aiu		Owner(s).	
Othe	er Real Estate:		
1.	Describe:		
	Value:	Owner(s):	
2.	Describe:		
	Value:	Owner(s):	
3.	Describe:		
	Value:	Owner(s):	
4.	Describe:		
	Value:	Owner(s):	
5.	Describe:		
	Value:	Owner(s):	
Cash	and Cash Equivale	nts Such as Brokerage Accounts:	
1.	Describe:		
	Value:	Owner(s):	
2.	Describe:		
	Value:	Owner(s):	
3.	Describe:		
	Value:	Owner(s):	
4.	Describe:		
	Value:	Owner(s):	
5.	Describe:		
	Value:	Owner(s):	

### IRA or Other Retirement Accounts:

1.	Describe:	
	Value:	Owner(s):
2.	Describe:	
	Value:	Owner(s):
_		
3.	Describe:	Owner(s):
	value:	Owner(s):
4.	Describe:	
	Value:	Owner(s):
Clos	ely Held Corporatio	n, Limited Liability Company or Partnership:
	-	
1.	Describe:	
	Value:	Owner(s):
2.	Describe:	
	Value:	Owner(s):
3.	Describe:	
5.	Value:	Owner(s):
Note	as Mortgagas and O	bligations Payable to You:
NOIC	es, Mortgages and O	oligations I ayable to Tou.
1.	Describe:	
	Value:	Owner(s):
2.	Describe:	
۷.	Value:	Owner(s):
3.	Describe:	
	Value:	Owner(s):
Pers	onal Property (car, b	ooat, motorcycle, antiques, etc.):
1.	Describe:	O
	Value:	Owner(s):
2.	Describe:	
	Value:	Owner(s):
3.	Describe:	
٥.	Value:	Owner(s):

4.	Describe:				
	Value:	Owner(s):			
5.	Describe:				
	Value:	Owner(s):			
6.	Describe:				
	Value:	Owner(s):			
Deb	ts:				
1.	Describe:				
	Amount:	Owner(s):			
2.	Describe:				
	Amount:	Owner(s):			
3.	Describe:				
	Amount:	Owner(s):			
4.	Describe:				
	Amount:	Owner(s):			
Life	Insurance:				
1.	On whose life?		Face Amount:		
	Cash Value:		Owner:		
	Beneficiary:				
2.	On whose life?		Face Amount:		
			Owner:		
	Beneficiary:				
3.	On whose life?		Face Amount:		
	Cash Value:		Owner:		
	Beneficiary:				
	death?		tract, which will pay income to	<u>-</u>	teı
Othe	er Assets:				

## **PROTECTING YOUR ESTATE:**

Who?
Who? What is their relationship to you?
Do you make your own health care decisions or does someone assist you?
Do you have complete control of your assets or does another person assist you?
Do you pay your own bills?
Do you fear anyone may attempt to steal or mishandle your assets before your death? Who?
Do you fear anyone mat attempt to contest your estate plan? Who?
Do you need protection for any person? Who?
Will you drive yourself to the lawyer's office or will another person provide transportation?
Who?
Has anyone exerted any pressure on you to give them gifts either before death or at your death?
Who?
Have you made previous wills or trusts? If so, please bring copies to the appointment.
During the last twenty years have you changed the beneficiaries in your will or trust? If so please explain in your interview.
Have you told anyone you intended to make a gift to them in your will or trust and now have changed your mind about making that gift?
Has anyone told you they expect you to leave them an inheritance?
Do you intend to give anyone a gift of inheritance by giving them insurance policy proceeds or a like gift rather than a gift in your will or trust?
Have you given anyone their inheritance while you are alive rather than giving it to them at your death's

Are the step-children who may expect an inheritance?
If you are single, do you have prospects for marrying?
Do you have trusted financial advisors? If so, do they become involved in your estate planning decisions?
Have you ever been tested for Alzheimer's Disease?
Have you been seriously ill in the last five years?
Has your competence every been questioned in any legal proceeding?
Do you have any legal judgments against you?
Is there anything else you would like your lawyer to know?