

# Estate Planning Questionnaire

Wills and Trusts

(Individual)

This form will help you to gather your information to assist our office in designing an Estate Plan that meets your goals. Please complete with as much information as you have currently available.

It is helpful if you can return the completed form prior to your appointment. Otherwise, bring the completed questionnaire to our first meeting to discuss your estate planning. Please call if you have any questions.

**IMPORTANT NOTES:** There are two means of completing this form. You may print this blank form and write in the information and then mail, fax, or scan and e-mail to us.

Alternatively, this form is designed to be completed on your computer. If using onscreen computer entry, you must open this file using the free Adobe PDF reader, available at <http://www.adobe.com>. It is important that an Adobe product be used as other PDF readers or PDF readers in some internet browsers may not provide readable files when e-mailed to us. We recommend you always print a copy of the completed form for your records in addition to e-mailing the completed file to us.

If you experience any technical issues in completing this form onscreen, then use the first method of printing out the blank form and writing in the information.

All information provided is strictly confidential

*The information I have provided in this document is true and correct, to the best of my knowledge. I understand that Studenberg Law is relying on this information for the advice it gives me, and if there is any material change in my asset composition, values, or other personal data during the course of representation, I will notify Studenberg Law.*

*If prepared electronically, the check next to my printed name indicates acknowledgement of the above declaration.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
 Printed Name

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

 **STUDENBERG LAW**

1119 Palmetto Avenue ■ Melbourne, FL 32901 ■ 321.722.2420 phone ■ 321.308.7020 fax  
www.StudenbergLaw.com ■ Info@StudenbergLaw.com

**Personal Information** Please provide requested information.

<b>Legal Name</b>							
Other names used to title property and accounts							
Prefer to be called							
Single <input type="checkbox"/>		Widowed <input type="checkbox"/>			Divorced <input type="checkbox"/>		
Home Address							
City		State		Zip			
Birth Date							
		U.S. Citizen? <input type="checkbox"/>					
Home Telephone		Cell Phone		Business Telephone			
E-mail Address							
Employer				Position			
Business Address							
City		State		Zip			

**Contact and Other Information**

Please list in order of preference the means for contacting you (mail, e-mail, or telephone).

Please list in order of preference the method of receiving correspondence (mail, e-mail, or both).

How were you referred to our office?

**Children** Please list all legal children.

<b>1. Child's Legal Name</b>					
Home Address					
City					
State		Zip			
Birth Date		Gender		e-mail	
				U.S. Citizen? <input type="checkbox"/>	
Additional Information				Deceased? <input type="checkbox"/>	

<b>2. Child's Legal Name</b>					
Home Address					
City					
State		Zip			
Birth Date		Gender		E-mail	
				U.S. Citizen? <input type="checkbox"/>	
Additional Information				Deceased? <input type="checkbox"/>	

<b>3. Child's Legal Name</b>					
Home Address					
City					
State		Zip			
Birth Date		Gender		E-mail	
				U.S. Citizen? <input type="checkbox"/>	
Additional Information				Deceased? <input type="checkbox"/>	

<b>4. Child's Legal Name</b>			
Home Address			
City			
State		Zip	
Birth Date		Gender	
		E-mail	
		U.S. Citizen? <input type="checkbox"/>	
Additional Information		Deceased? <input type="checkbox"/>	

**Others** Please list other family members or individuals that may be included in your planning.

<b>1. Legal Name</b>			
Home Address			
City			
State		Zip	
Relationship		E-mail	
		U.S. Citizen? <input type="checkbox"/>	
Telephone			
Additional Information			

<b>2. Legal Name</b>			
Home Address			
City			
State		Zip	
Relationship		E-mail	
		U.S. Citizen? <input type="checkbox"/>	
Telephone			
Additional Information			

## Your Concerns

Please rate the following as to how important they are to you:

H - high concern, S - some concern, L - low concern, N - no concern or not applicable.

Description	Level of Concern
Get affairs in order and create a comprehensive plan to manage affairs in case of death or disability	
Providing for and protecting children or grandchildren	
Disinheriting a family member	
Providing for charities at the time of death	
Plan for transfer and survival of a family business	
Avoiding or reducing your estate taxes	
Avoiding probate	
Reduce administration costs at time of your death	
Avoiding guardianship in case of incapacity	
Avoiding will contests or other disputes upon death	
Protecting assets from lawsuits or creditors	
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers	
Plan for a child with disabilities or special needs, such as medical or learning disabilities	
Protecting children's inheritance from the possibility of a failed marriages	
Please list any other concerns:	

## Important Family Questions

Please check Yes or No for your answer.

Question	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If yes, please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you making payments pursuant to a divorce or property settlement order? <i>If yes, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been widowed? <i>If a federal estate tax return Form 706 or a state death tax return was filed, please furnish a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed federal (Form 709) or state gift tax returns? <i>If yes, please furnish copies of these returns</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed previous will, trust, or estate planning? <i>If yes, please furnish copies of these documents before our first meeting, if possible.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If yes, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently the beneficiary of anyone else's trust? <i>If yes, please explain:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children have special educational, medical, or physical needs?	<input type="checkbox"/>	<input type="checkbox"/>
Do any of your children receive governmental support or benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide primary or other major financial support to adult children or others?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently involved in any litigation or know of any pending litigation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been injured in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

**Advisors** Please list any advisors.

<b>Attorney's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Accountant's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Financial Advisor's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>

<b>Life Insurance Agent's Name</b>				
Address				
City		State		Zip
Telephone		E-mail		May we contact? <input type="checkbox"/>







### Stocks Bonds and Brokerage Trust Accounts

List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.

**Type:** BR for Brokerage Account, IND for individually owned. *(Do not include IRAs or 401(k)s here.)*

Stocks, Bonds, or Investment Accounts	Type	Owner	Amount
	<i>Total</i>		

**Life Insurance and Annuities** **Type:** Term, whole life, or annuity. **Insurance company:** Company name. **Beneficiaries:** The primary and contingent beneficiaries. **Primary Owner:** Whose life is insured or owns the annuity. **Amount:** Death Benefit or Net Cash Value.

Type, Insurance Company, and Beneficiaries	Primary Owner	Amount
	<i>Total</i>	



**Anticipated Inheritance, Gifts, or Lawsuit Judgment** **Type:** Gifts or inheritances that you expect to receive in the future or moneys that you anticipate receiving through a judgment in a lawsuit. Describe in appropriate detail. **Recipient:** Client or Joint.

Type and Additional Information	Recipient	Value
	<i>Total</i>	

**Other Assets** List any other property that does not fit into any of the previously listed categories.

Type or Description	Owner	Value
	<i>Total</i>	

**Summary** Summarize all values from the prior sections. For Assets not wholly owned, list value in **Other's** or **Client's** column, otherwise leave these columns blank.

<b>Assets</b>	<b>Other's</b>	<b>Client</b>	<b>Value</b>
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RVs			
Bank Accounts			
Stocks, Bonds, and Brokerage Trust Accounts			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to you			
Anticipated Inheritance			
Other Assets			
<i>Total Assets</i>			

**Guardian for Minor Children** If you have any children under the age of 18, list in order of preference those persons whom you wish to be the guardian for your children.

Guardians							
1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Successor Trustee(s)** A trust may be part of your estate plan with you serving as the initial trustee. Please list in order of preference your successor trustees.

Successor Trustee(s)							
1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Power of Attorney** If you are unable to make financial decisions for yourself, whom do you want to make those decisions for you? Please enter the primary and successor agents in order of preference.

Power of Attorney							
1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Health Care**

If you are unable to make decisions for yourself, whom do you want to make decisions for you with regard to your medical treatment? Please enter the primary and any successor agents in order of preference.

Health Care Agent							
1. Name				Relationship			
Address		City		State		Zip	
2. Name				Relationship			
Address		City		State		Zip	
3. Name				Relationship			
Address		City		State		Zip	

**Living Will** Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?

Client	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

