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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Do not email!

So that I may provide you with appropriate legal advice, please fill out the following questionnaire as completely as possible. If any question does not apply to you, simply answer by filling in "N/A."

If possible, please provide each person's full name as provided on his/her driver's license.

PERSONAL INFORMATION: Please provide the following information, as applicable:		
	Husband:	Wife:
Full "Driver's License" Name:		
Former Name:		
SSN (last 4 only)	XXX-XX-	XXX-XX-
Date of Birth:		
Birthplace:		
Citizenship:		
Occupation:		
Employer:		
Work Phone:		
Cell Phone:		
Email Address:		
Home Telephone:		
Home Address:		
Mailing Address:		

ADVISORS: Please provide the following regarding any advisors you may have:		
	Name:	Contact Info:
Any Other Attorneys:		
Financial Advisor:		
Stockbroker:		
Personal Banker:		
Accountant:		
Life Insurance Agent:		
Other:		
Referred to Firm By:		

CURRENT MARRIAGE:		
Date and Place of marriage:		
During your marriage, Have you lived in any states other than Florida? If so, Please list the states and dates:		
State:	From:	To:
State:	From:	To:
Year you and your spouse moved to Florida?		
Do you and your spouse have a prenuptial agreement or other formal property agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Please furnish a copy of the agreement.		

FORMER MARRIAGES: Please list any former marriages:		
	Husband:	Wife:
Former Spouse's full name:		
Date of Marriage:		
Date of Dissolution* / Death:		
If a previous marriage ended by dissolution, please furnish a copy of the dissolution papers.		

CHILDREN OF CURRENT MARRIAGE (including adopted children)		
Full Name:	Nickname:	DOB:
Address:		
Full Name:	Nickname:	DOB:
Address:		
Full Name:	Nickname:	DOB:
Address:		

CHILDREN OF FORMER MARRIAGES (including adopted children)		
Full Name:	Nickname:	DOB:
Address:		
Parent's Full Names:		
Full Name:	Nickname:	DOB:
Address:		
Parent's Full Names:		
Full Name:	Nickname:	DOB:
Address:		
Parent's Full Names:		

Please add the names of any additional children of this marriage or any former marriage on a separate page.

Do you have any children who have died? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did any deceased child have any children who are now living? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please provide the full name of each living child of the deceased child, as well as each living child's date of birth and address below:

FAMILY QUESTIONS: Please provide a brief explanation for any "Yes" answers:
1. Do you or your spouse have any special health or disability concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any family members of yours receive governmental support or benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does any child have a learning disability, or have special education, medical or physical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a child who is institutionalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you provide primary or other financial support to an adult child, or to persons other than an adult child? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you or your spouse making payments pursuant to a dissolution or property agreement, including child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you or your spouse ever filed a gift tax return (either federal or state)? If so, Please furnish copies of the returns. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you or your spouse has been widowed, was a federal or state death tax return filed for the deceased spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do either you or your spouse want specific funeral arrangements? Husband: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: Wife: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify:

CURRENT ESTATE PLAN:		
	Husband:	Wife:
Do you have a will now? If so, date of the will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Living Trust? If so, date of the living trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the beneficiary of someone else's trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you given someone else a power of attorney? If so, name of agent: Is it still in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Florida Advance Directive? (Florida Living Will)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you named a Health care Representative? If so, please name below with Fiduciaries.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR ESTATE PLANNING GOALS:	
Please list your estate planning goals and any special concerns you may have:	
If you wish to leave specific property to specific Individuals, Please describe below:	
Persons Full Name: Address:	Property:
Persons Full Name: Address:	Property:
Persons Full Name: Address:	Property:
Persons Full Name: Address:	Property:
Persons Full Name: Address:	Property:
Do you wish the property to go to an individual only if he/she survives you, or if the individual does not survive you, can the property go the individual's estate?	
<input type="checkbox"/> To the individual only <input type="checkbox"/> To the individual's estate, should he/she not survive you	

FIDUCIARIES

Select your fiduciaries (i.e., personal representative, guardian, trustee, etc.) which are listed below. Please insert your tentative choices below. If possible please provide each person's full name as provided on his/her driver's license.

Personal Representative (Executor): The personal representative administers your estate pursuant to the terms of your will, which includes resolving any debts and handling the distribution of your property to the beneficiaries.	
Do you wish to name your spouse as your first choice to be your personal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next choice: Full name(s):	Phone #:
Address:	Relationship:
Next choice: Full name(s):	Phone #:
Address:	Relationship:

Trustee: The trustee manages the property /funds which are held in trust for the benefit of the surviving spouse, minor children or other beneficiaries.	
Do you wish to name your spouse as your first choice to be trustee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next choice: Full name(s):	Phone #:
Address:	Relationship:
Next choice: Full name(s):	Phone #:
Address:	Relationship:

Guardian for Children: The guardian cares for your minor children (under age 18) if both parents are unable to care for them.	
Next choice: Full name(s):	Phone #:
Address:	Relationship:
Next choice: Full name(s):	Phone #:
Address:	Relationship:

Guardian/Conservator: The Guardian/Conservator is a court appointed person who handles your affairs and makes decisions on your behalf in the event you are unable to do so for yourself.	
Do you wish to name your spouse as your first choice to be Guardian/Conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next choice: Full name(s):	Phone #:
Address:	Relationship:
Next choice: Full name(s):	Phone #:
Address:	Relationship:

Attorney-in-Fact: The Attorney-in-fact is a person you designated under a power of Attorney to handle your business affairs in the event you cannot do so for yourself.	
Do you wish to name your spouse as your first choice to be your Attorney-in-fact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Next choice:</i> Full name(s):	Phone #:
Address:	Relationship:
<i>Next choice:</i> Full name(s):	Phone #:
Address:	Relationship:

Health Care Representative: The Health Care Representative makes health care decisions for you in the event you cannot make such decisions for yourself.	
Do you wish to name your spouse as your first choice to be your Health Care Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Next choice:</i> Full name(s):	Phone #:
Address:	Relationship:
<i>Next choice:</i> Full name(s):	Phone #:
Address:	Relationship:

Please use the space below to name any additional fiduciaries:

PROPERTY INFORMATION

Please fill in as completely as possible the information requested below regarding your property. This information will assist me in creating an estate planning strategy, including any tax planning, which will be appropriate for your needs.

Joint ownership of an asset, means that such property shall pass to the surviving joint owner automatically at death by right of survivorship. If any property is jointly held but does not pass without right of survivorship at death, please specify to whom the property shall pass.

REAL ESTATE: Place a check mark next to any property covered by mortgage cancellation insurance.	Owner's Name (Husband/Wife/Joint)	Market Value	Debt	Net Equity
1.				
2.				
3.				
4.				

BANK ACCOUNTS: Provide Bank and Account type	Owner's Name (Husband/Wife/Joint)	Average Balance	Debt	Net Equity
1.				
2.				
3.				
4.				

STOCKS, BONDS & MUTUAL FUNDS:	Owner's Name (Husband/Wife/Joint)	Market Value	Debt	Net Equity
1.				
2.				
3.				
4.				

NOTES, MORTGAGES, TRUST DEEDS, CONTRACTS, ETC., (Investments or Loans that are owned to you):	Owner's Name (Husband/Wife/Joint)	Market Value	Debt	Net Equity
1.				
2.				
3.				

4.				
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BUSINESS INTERESTS*:	Owner's Name (Husband/Wife/Joint)	Market Value	Debt	Net Equity
1.				
2.				
3.				
4.				

*For type of business interest, please use "C" for corporation, "P" for partnership. "LLC" for limited liability company and "SP" for sole proprietorship.

If any business interest is controlled by agreement between parties, please furnish copies of those agreements.

SIGNIFICANT ARTICLES OF PERSONAL PROPERTY: Furnishings, Jewelry, Autos, etc.	Owner's Name (Husband/Wife/Joint)	Market Value	Debt	Net Equity
1.				
2.				
3.				
4.				

OTHER PROPERTY: Do either you or your spouse own real or personal property jointly with anyone else other than each other (i.e., vacation homes)?				
Type of Property	Joint Owner's Name	Market Value	Debt	Net Equity
1.				
2.				
3.				
4.				

Please use this space or another page to provide additional property information:

TOTALS	Total Market value	Total Debt	Total Net Equity
1. Real Estate			
2. Bank Accounts			
3. Stocks, Bonds, Mutual Funds			
4. Notes, Mortgages, Trust Deeds, Contracts, Etc.			
5. Business Interests			
6. Personal Property			
7. Other Property			
8. TOTAL			

SAFE DEPOSIT BOX: Do you or your spouse have a safe deposit box?? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank:	Branch:	Box Number:
Ownership (Husband/Wife/Joint):		
Others listed on Box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, Full Name:	Relationship:	
Address:	Phone #:	
Bank:	Branch:	Box Number:
Ownership (Husband/Wife/Joint):		
Others listed on Box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, Full Name:	Relationship:	
Address:	Phone #:	

LIFE INSURANCE: Please provide the following information:		
	Husband	Wife
Name of Insurance Co:		
Name of Policy Owner:		
Primary Beneficiary:		
Alternate Beneficiary(ies):		
Face Value (i.e., Policy death benefit value):		
Accumulated Cash Value:		
Loans Against Policy:		

Please list any additional life insurance plans on page 10 or another page.

RETIREMENT BENEFIT PLANS: Please provide the following information regarding any retirement plans (i.e., IRAs, 401(K)s, ESOPs, Pension Plans, Profit-Sharing Plans, Deferred Compensation Plans, etc.) that you may have:		
	Husband:	Wife:
First Benefit Plan		
Plan Type:		
Primary Beneficiary:		
Alternate Beneficiary(ies):		
Plan Value:		
Loans Against Plan:		
Second Benefit Plan		
Plan Type:		
Primary Beneficiary:		
Alternate Beneficiary(ies):		
Plan Value:		
Loans Against Plan:		
Third Benefit Plan		
Plan Type:		
Primary Beneficiary:		
Alternate Beneficiary(ies):		
Plan Value:		
Loans Against Plan:		

Please use this space or another page to provide additional information regarding your life insurance policies or retirement benefit plans.