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Date:

Full name:

Date of birth: ____ / ____ / ____

Tel. () ____ - ____ Email: _____ @ _____

Address: _____, _____, _____

Please state any particular circumstances that prompted you to make an estate plan now (consider lifetime care for pets or other animals): _____

Please list any special concerns such as life-threatening medical issues or disabilities: _____

Please prepare the following documents: ____ Will __ Power of Attorney __ Living Will

__ Health Care Proxy __ Living Trust __ Ladybird Deed __ Other _____

Do you have a Funeral Contract ____ Do you plan to make a Medicaid application? ____

If so, what are the circumstances? _____

Interment: Burial ____ Cremation ____ If cremation, where will your ashes be preserved or disposed?

Instructions for a memorial service: _____

Disposition of personal property: Instructions in Will? ____ Memorandum with Will? ____

Names(s), relationship(s) & address(es) of Personal Representative(s)(formerly executor/executrix):

Names(s), relationship(s), address(es) and telephone numbers of person(s) designated for your power of attorney & successive power of attorney:

Names(s), relationship to you, address and telephone number of Health Care Proxy(ies)

Names(s), relationship to you, address and telephone number of Guardians for minor children:

Children or Heirs:

Name: _____ Date of birth: ____ / ____ / ____

Address: _____, _____, _____

Married? Y N Children? Y N Divorced? Y N

Name: _____ Date of birth: ____ / ____ / ____

Address: _____, _____, _____

Married? Y N Children? Y N Divorced? Y N

Name: _____ Date of birth: ____ / ____ / ____

Address: _____, _____, _____

Married? Y N Children? Y N Divorced? Y N

Are any children or grandchildren adopted, divorced or separated, physically or mentally handicapped or require special consideration? yesno If yes, please explain:

ASSET INFORMATION– NOTE: THERE IS NO FEDERAL ESTATE TAX FOR ESTATES UNDER \$5,490,000 (THE “UNIFIED CREDIT”) FOR ANY PERSON DYING IN 2018.THERE STATE IS NO TAX ON THE ESTATE OF A FLORIDA RESIDENT.

Individually, Homestead and Jointly-Owned Property

Please list your assets. Below is a list of separate categories to assist you:

A. Real Estate Assets

- | | Location | Date of Purchase | Mortgage | Value |
|---------------------------|----------|------------------|----------------|---|
| 1. Residence | _____ | ____ | \$_____ | \$_____ |
| | _____ | _____ | | |
| | | | Owned jointly? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 2. Commercial real estate | _____ | ____ | \$_____ | \$_____ |
| | _____ | _____ | | |
| | | | Owned jointly? | Y <input type="checkbox"/> N <input type="checkbox"/> |
| 3. Other | _____ | ____ | \$_____ | \$_____ |
| | _____ | _____ | | |
| | | | Owned jointly? | Y <input type="checkbox"/> N <input type="checkbox"/> |

B. Checking Account: Do you have a Pay on Death (POD) designation? Y N

Bank Name & Address: _____

_____, _____, _____

Account No. _____ Owned jointly? Y N

C. Savings Account: : Do you have a Pay on Death (POD) designation? Y N

Bank Name & Address: _____

_____, _____, _____

Account No. _____ Owned jointly? Y N

D. Certificates of Deposit, Treasury Bills, Money Market Funds, etc.

Do you have a Pay on Death (POD) designation? Y N

Institution Name: _____

Address _____, _____, _____

Account No. _____ Owned jointly? Y N

G.

H. Automobiles(s)

Make	Model	Year	Purchase Price	Current Value	Outstanding Loan
_____	_____	_____	\$ _____	\$ _____	\$ _____
Make	Model	Year	Price	Value	Loan
_____	_____	_____	\$ _____	\$ _____	\$ _____

J. Other important personal assets:

_____	Value
_____	\$ _____
_____	Value
_____	\$ _____

L. Pension Plan/IRA, etc.

Type _____ Name of Plan _____ Plan administrator name: _____

Address: _____, _____, _____

Do you have a Pay on Death (POD) designation for your IRA? Y N

Cemetery lots: Owner/proprietor name:

Location: _____, _____ **Telephone contact:** _____ () _____ - _____

Jointly Owned Property:

_____ Joint owner's name _____ Joint owner's address (street) _____ (city/town) _____ (state)ZIP _____

Joint owner's telephone number () _____ - _____ Joint owner's interest: _____%

Amount of acquisition price contributed by client as joint owner: \$ _____ %

Life Insurance: Company: _____

Agent's name, address & tel. #: _____

Type Policy: _____ Policy No. _____

Amount of Coverage \$ _____ Cash Value (if any) \$ _____

Life Insurance Beneficiary(ies):

Name(s)	Address(es)	Share of death benefit: %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Liabilities, potential creditor problems? _____ If so, please describe: _____

Do you want your estate plan to include a provision to hold any share of the assets in trust for either a child or a grandchild? Y N

If so, please state how you want this provision to operate and why you are including this provision:

Name of beneficiary _____

Dollar amount or % to be held back: \$_____ / _____%

Name of beneficiary _____

Dollar amount or % to be held back: \$_____ / _____%

Are you concerned about Medicaid asset protection? _____ If so, please explain your reasons & goal(s) for such protection: _____
