

LAW OFFICES OF FLOOD & FAVATA
ESTATE PLANNING QUESTIONNAIRE

Today's Date: _____

DOB: ____/____/____ SSN: ____-____-____

Name: _____

Home Phone: _____ Cell: _____

Address: _____

County of Residence: _____

U.S. Citizen: Yes ____ No ____ If no, citizen of _____

Employer: _____

Retirement Date: _____ Veteran: Yes ____ No ____

Spouse: _____

DOB: ____/____/____ SSN: ____-____-____

U.S. Citizen: Yes ____ No ____ If no, citizen of _____

Employer: _____

Retirement Date: _____ Veteran: Yes ____ No ____

If spouse is deceased, date of death: ____/____/____

FAMILY

Date of Marriage: ____/____/____

Children (If you need additional lines, please write on the back of this form or attach additional sheets):

First Name	MI	Last Name	Age	Address (include street, town, state & zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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First Name	MI	Last Name	Age	Address (include street, town, state & zip code)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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Have you or your spouse been married before? Yes _____ No _____

If yes, do you or your spouse have any children from this previous marriage? Yes _____ No _____

Do you or your spouse have children who have died leaving children? Yes _____ No _____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes _____ No _____

Do you or your spouse have a pre-nuptial or post-nuptial agreement? Yes _____ No _____

MEDICAL/DISABILITY

Is anyone in your family disabled? Yes _____ No _____

Is anyone at risk of becoming seriously ill or disabled because of a medical condition or family history? Yes _____ No _____

If yes, please explain: _____

Your Doctor: _____ Spouse's Doctor: _____
Name Address Name Address

Has anyone in your family recently entered a hospital or skilled nursing facility? Yes _____ No _____

Name of Facility: _____ Date of Admission: _____

Date of Discharge: _____ Diagnosis: _____

HEALTH INSURANCE

Medicare: _____
Number Number

Insurance from Employer: _____

Medicare Supplement: _____

Long-Term Care Insurance: _____

Other: _____

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FINANCIAL

Income Producing Assets:

Bank Accounts, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, Other:

Description & Location of Property	Value	Account No.	In Whose Name?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

Have you or your spouse made any transfers or gifts of \$10,000.00 or more during the past three years?
 Yes _____ No _____

Real Estate:

Description of Property	Purchase Date	Purchase Price	Value	In Whose Name?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above properties not connected to a sewer line? Yes _____ No _____

Do you or your spouse have an interest in any business? Yes _____ No _____

Monthly Income:

	You	Your Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc. _____	_____	_____	_____
Rent _____	_____	_____	_____
Business Interest _____	_____	_____	_____
Other _____	_____	_____	_____
TOTALS:	_____	_____	_____

What sources of income have a benefit for a surviving spouse? _____

Life Insurance:

Whose Life?	Company	Face Value	Cash Value	Policy No.	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Other Property with Designated Beneficiaries:

Do you have IRAs, Vested Pension Plans, Annuities, or other assets that would pass on your death to a particular designated beneficiary?

Description	Value	Designated Beneficiary

Do you or your spouse expect an inheritance? Yes _____ No _____

Are you or your spouse the beneficiary of any trust? Yes _____ No _____

Liabilities (mortgages, notes to banks, notes to others, loans on insurance, etc.):

Description	Balance Due	Monthly Payment	Maturity Date

Location of important papers: _____

Monthly Expenses:

Health Insurance Premium: _____	Medical Expenses: _____
Real Estate Taxes: _____	Homeowners' Insurance Premium: _____
Condominium Fees: _____	Rent: _____

Do you pay for heat and utilities? Yes _____ No _____

Personal Property (autos, r.v.s, boats, antiques, heirlooms, jewelry, collections, etc.):

Description	Value	In Whose Name?

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LEGAL

	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

I am the legally appointed guardian of: _____

I am serving as a power of attorney for: _____

I am serving as executor or administrator of an estate: _____

I am involved in a lawsuit: _____

I have lived in a community property state (Arizona, California, Louisiana, Nevada, New Mexico, Texas, Washington):

Other legal concerns: _____

ESTATE PLANNING PROVISIONS

Please consider which person(s) you would like to administer your estate and care for your minor or disabled children.

Personal Representative:	YOU	SPOUSE
Primary	_____	_____
Successor	_____	_____

Guardian(s) of Minor Children:	NAME(S)	ADDRESS
Primary	_____	_____
Successor	_____	_____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the persons named? _____

Disposition:

Please provide us with your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

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Specific Gifts

Amount or Description of Gift	Name of Recipient	Relationship & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Gifts (Do not include gifts to charity or gifts of less than \$13,000.00)

Name of Recipient	Nature of Gift	Value	Date	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Charitable Interests: (Identify charities in which you are currently interested or which may benefit from your estate.)

Please bring copies of the following documents with you to your meeting with the attorney:

1. Will, Codicil, Trust Agreements
2. Living Will, Health Care Proxy, Durable Powers of Attorney
3. Real Estate Deeds, Appraisals
4. Divorce Decrees, Prenuptial Agreements, Adoption Papers
5. Guardianship documents
6. Retirement plans, including any forms designating beneficiaries
7. Life insurance policies