

## ESTATE PLANNING QUESTIONNAIRE

### *I. FAMILY INFORMATION*

Full Name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number at Work: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Spouse's: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Are you a U.S. citizen? Yes: \_\_\_ No: \_\_\_

If U.S. citizen other than by birth, state date of citizenship: \_\_\_\_\_

Is your Spouse a U.S. Citizen? Yes: \_\_\_ No: \_\_\_ Year of citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Social Security # \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Spouse's Driver's license number: \_\_\_\_\_

Did anyone refer you to us?     Yes     No    If yes, whom may we thank?

Do you want the referral source to be copied on correspondence?     Yes     No

Do you want to include future children in your estate plan?     Yes     No

Do you wish to be cremated?     Yes     No

Names and Dates of Birth of Children born to, or adopted by, you and your spouse:

Children	Who is the Parent?	Age of Child	Gender	Grandchildren?
Name: _____ Address: _____ Phone: _____				
Name: _____ Address: _____ Phone: _____				
Name: _____ Address: _____ Phone: _____				
Name: _____ Address: _____ Phone: _____				

Name: _____ Address: _____ Phone: _____				
Name: _____ Address: _____ Phone: _____				

**II. ASSET INFORMATION: (Approximate Current Values)**

	<b>Held Jointly<sup>1</sup></b>	<b>In Husband's Name</b>	<b>In Wife's Name</b>
Bank Accounts	_____	_____	_____
Marketable Stocks and Bonds	_____	_____	_____
Closely-Held Business <sup>2</sup>	_____	_____	_____
Real Estate-Home	_____	_____	_____
Real Estate-Other	_____	_____	_____
Tangible Personal Property	_____	_____	_____
Life Insurance <sup>3</sup>	_____	_____	_____
Pension, Profit Sharing or IRAs	_____	_____	_____
Expectancies	_____	_____	_____
Potential inheritance	_____	_____	_____
Vehicles	_____	_____	_____
Other Assets (use back if necessary)	_____	_____	_____

1 If joint ownership with other than spouse, please indicate other joint owner(s)  
2 Provide value of interest and percent of business owned  
3 Provide beneficiary if other than spouse and owner if other than insured



If yes, please name the beneficiary and the specific property you wish to give (use back if necessary):

<b>Name of Beneficiary</b>	<b>Property Description</b>
_____	_____
_____	_____
_____	_____
_____	_____

Do you wish to give a specific amount of cash to any individual, organization or charity?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please name the beneficiary and amount of cash:

<b>Name of Beneficiary</b>	<b>Amount of Cash</b>
_____	_____
_____	_____
_____	_____
_____	_____

The general preferred disposition is to leave all assets to the surviving spouse, or if no surviving spouse, to the children, equally. This arrangement may not be suitable in certain situations. (For example: children with special needs, children of prior marriages, tax considerations, etc.) Florida law allows children to be disinherited. If you prefer a disposition to your spouse, then to your children equally, please check here . If you prefer another disposition or are not sure, please state below what you would like your plan to include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your spouse predeceases you and you have children who survive you, do you want the residue of your estate to be divided equally among your children?

\_\_\_\_\_                      \_\_\_\_\_  
Yes                                      No

If no, please specify the unequal shares.

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In the event that you, your spouse and children perish in a common disaster, it is advisable to designate contingent beneficiaries. A common method is to distribute 1/2 to your family and 1/2 to your spouse's family to avoid inheritance based upon the order of death. If this is satisfactory, check here . If you prefer another distribution, please state:

Name of Beneficiary	Percentage
_____	_____
_____	_____
_____	_____
_____	_____

Do you want any share left to a child who predeceases you to go to his or her children in equal shares (your grandchildren)?

\_\_\_\_\_                      \_\_\_\_\_  
Yes                                      No

Please specify the age at which a child or grandchild should receive his or her share of your estate (Age 25 is the minimum we recommend, but it is entirely your choice): \_\_\_\_\_.

At what age or ages, or event (if any) would you like a partial lump-sum distribution made to your beneficiary? (For example: 1/2 at age 30, 1/2 at age 35).

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Trustee: The Trustee administers the assets under a Trust (whether the Trust is a living trust or one contained in a will) until the beneficiaries of a Trust reach a specific age. Whom do you want to designate as Trustee? Please specify two people, in order of priority, other than your spouse, to serve as Trustee of the trust:

**(Husband's Trustee)**

**(Wife's Trustee)  
(if different)**

Name		Relation	
1.			
2.			
3.			
4.			

The Trustee may have discretion to decide how much money to distribute for the general welfare or benefit of your beneficiary, unless you specify a mandatory payment or use for specific purpose only. If you want full discretion by the Trustee, check here . If you prefer other than complete discretion please specify.

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If you have no children or grandchildren surviving you, please state how you would like the residue of your estate to be distributed (please indicate names of beneficiaries and percentage to be received by each beneficiary).

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Do you have any special needs or concerns you would like to address in your Will? If so, please explain.

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**DURABLE POWER OF ATTORNEY:**

A durable power of attorney is a document which allows a person to name another to act for them. The “durable” nature of the document means that so long as certain legal formalities are satisfied, even if a person become incapacitated as defined by law, the person named in the power can still act for a person when they are unable to act for themselves. If you would like to execute a Durable General Power of Attorney appointing one or more people as your attorney-in-fact to handle your financial affairs if you are unavailable or unable to act, please indicate the names, addresses and telephone numbers of your primary attorney-in-fact and one alternate.

**Husband’s Agent(s)**

Name: _____ Relation: _____	Address: _____ _____ Phone: _____
Name: _____ Relation: _____	Address: _____ _____ Phone: _____
Name: _____ Relation: _____	Address: _____ _____ Phone: _____

**Wife’s Agent(s)**

Name: _____ Relation: _____	Address: _____ _____ Phone: _____
Name: _____ Relation: _____	Address: _____ _____ Phone: _____
Name: _____	Address: _____ _____



Relation: _____	Phone: _____
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***HEALTH CARE SURROGATE DESIGNATION***

Florida law allows for powers of attorney to include the right for a person to make decisions regarding a person’s healthcare. This document is referred to as a health care surrogate designation. The Health Care Surrogate is given the right to make medical decisions. This is very important when dealing with someone who is not married or when a spouse is not available to provide consent. Please indicate the names, addresses and telephone numbers of your primary attorney-in-fact and one alternate.

**Husband’s Surrogate(s)**

Name: _____  Relation: _____	Address: _____ _____ Phone: _____
Name: _____  Relation: _____	Address: _____ _____ Phone: _____
Name: _____  Relation: _____	Address: _____ _____ Phone: _____

**Wife’s Surrogate(s)**

Name: _____  Relation: _____	Address: _____ _____ Phone: _____
Name: _____  Relation: _____	Address: _____ _____ Phone: _____

Name: _____	Address: _____
Relation: _____	Phone: _____

***LIVING WILL:***

This document allows a person, when they are on their “death bed” to state they do not wish to have life prolonging procedures (i.e., tubes and ventilators) utilized when death is imminent. This is a right to die document. If you wish to have a Living Will, please indicate the names, addresses and telephone numbers of your primary health care representative and one alternate.

***Designation of Pre-Need Guardian:***

This document allows someone to name a person to serve as their court appointed guardian should they ever need one. The Court strongly considers this when appointing a guardian.

**Husband’s Designated Pre-Need Guardian(s)**

Name: _____	Address: _____
Relation: _____	Phone: _____
Name: _____	Address: _____
Relation: _____	Phone: _____
Name: _____	Address: _____
Relation: _____	

	Phone: _____
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**Wife's Designated Pre-Need Guardian(s)**

Name: _____	Address: _____ _____
Relation: _____	Phone: _____
Name: _____	Address: _____ _____
Relation: _____	Phone: _____
Name: _____	Address: _____ _____
Relation: _____	Phone: _____

**If you have any questions when completing this form, please contact Katherine B. Schnauss Naugle at (904) 366-2703. The completed form should be returned to Katherine B. Schnauss Naugle, 810 Margaret Street, Jacksonville, FL 32204.**